Health Education in a Teachers' Training School

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Within the last few years many changes have taken place in the scope and character of nursing activities.

The demand is increasing for nursing service in educational work. For some time nurses have taken charge of sick students attending educational institutions, but this work was practically confined to bedside care.

The recent development of nursing service in teachers' training schools is an interesting example of progress in this particular field and this development is an indication of the new conception of health work growing up in our educational institutions.

It is but recently that educators have realized that the physical, mental and moral nature of a child is represented in almost every conscious act, and that interdependence of mind and body cannot be ignored. Therefore, it is being realized that health should be taught in the schools, that it should be placed on the school curriculum and so enlarge and strengthen a fuller education. As time goes on, there will be an accumulative effect, which will become manifest in a distinct improvement in the standard of well being in human living.

Granted, then, that health preservation is essentially an educational problem, we look to the normal school to prepare its students to efficiently teach the subject.

It is to this work in the normal school that the nurse is called.

Professional training, as secured in a nurses' training school, does not in itself prepare the nurse for health teaching. Her training should be supplemented by further educational study, thus giving her an understanding of educational psychology and the general pedagogical principles relating to teaching—with special application to the subject that she is to teach.

A normal school health programme is of considerable detail.

The chief objective is to establish in the student teacher health ideals and an appreciation of wholesome living. Unless the teacher has the right spirit and unless she feels that health is fundamental to successful living, the measurement of results will be small.

Enthusiasm for health, based on scientific knowledge, a favourable attitude, and healthful habits of living must first be in the teacher, before they can get into the lives of children. It indeed requires the efforts of an expert to accomplish this end.

Perhaps the first step in terms of accomplishment relates to the personal health of the student teachers. The initial concern is not teaching them how to teach health, but teaching them how to control their own health; and this in turn is the first step in securing interest, and establishing attitude towards the subject that they are expected to teach.

One cannot over emphasize the educational significance of the individual health examination that each

student receives at the beginning of the normal school course, and the service of conference consultation and advice that inevitably grows out of this activity.

This examination is not solely or primarily a matter of discovering defects. It is rather the first step in establishing the right relationship between the examiner and the student, whereby the student may return for further conference and advice, in accordance with individual needs. Because health education involves much more than those factors relating to physical improvement, this examination is quite as much concerned with determining habits and various tendencies as it is in discovering remediable physical disabilities—for which correction is recommended.

The regular weighing of the students and the keeping of weight graphs can be strongly recommended as one method of stimulating interest and strengthening practice in those laws of living that should receive more regard, and which will manifest themselves in gain and weight.

"Physical Defects" as discovered through the health examination should be systematically recorded and advice should be given as to the correction of the same within a reasonable time. Such corrections deserve creditable mention in the report that should form a part of the professional efficiency records.

It might be stated at this point that the nurse has further opportunity of coming in contact with the students, by rendering incidental service, through administering first aid treatment to need cases, during the school day and through visitations to the homes of ill students. In order that the last mentioned service may be efficiently rendered, the nurse should be informed as to reasons for absence in order that she may communicate as soon as is possible with ill students.

The second consideration of a normal school health programme relates to environment. The conditions of living in the training institutions should be wholesome. Facilities should be provided for hygienic practice and healthful activities, and particular attention should be directed to proper ventilation, correct and sufficient illumination and general cleanliness throughout.

The environment of the training school and equipment should be an example of those classroom essentials that are considered necessary for the health of school children, and all activities planned for the health of the student teachers also serve as a concrete and practical demonstration of similar activities as applied to children.

Due to the fact, then, that healthful surroundings are an outstanding consideration of a school health programme, the nurse may have supervision of janitor work and through constant observation of conditions may make recommendations regarding improvements at appropriate times.

Because health education is becoming a compulsory subject in the public and high schools, and because a pedagogical training is as necessary for the teaching of health as it is for the teaching of other subjects in the school curriculum, the student teacher must be trained in this subject, and the normal school nurse with her pedagogical training and teaching experience accepts this new responsibility of class room instruction.

The instructor must first of all determine the extent of the student's knowledge and understanding of health. Scientific knowledge which in turn will be transformed into purposeful subject matter, to be used according to the mental age of the pupils, must form the basis of work. A reading course should be recommended, to give the student teachers a scientific foundation: and to this end, it is necessary to provide

the library with the latest and most widely accepted material.

Because of the new view point in regard to hygiene and health, it is most essential that teachers in training abandon the "old" and take on the "new." There is no more significant development in our modern programme of education than that which relates to health; and although it is still in its experimental and plastic stage, it is making rapid progress in terms of subject matter and presentation.

A few years ago "hygiene" as presented in our schools, was nothing more than a collection of anatomical and physiological facts. Today we are in the flood of a wholesale reaction against such teaching of unimportant and disconnected facts. Such knowledge has been replaced by a more useful study of the principles of healthful living and their practical application to life. Such study together with a knowledge of the physiological and scientific basis for the laws of health, should develop an appreciation of all needs relating to personal and social health welfare.

"Hygiene" or "Health" can never be a subject merely to be learned: it is useful only as it is lived. It is health ideals and health practice that will carry the issue through to success; and be it known that health habits are formed just in the same way as are other habits and in relation to the same laws of learning.

A normal school course should present a selection of health problems, relating not only to the physical, but to the mental and moral aspects of life. General and specific health situations should be cited. Then suitable subject matter selected whereby these situations can be interpreted and made clear in terms of proper practice. Students must have a full appreciation of the fact that lesson topics must be in relation to actual life situations, through which desirable health conduct must be secured; and secondly, that interpretations must be in relation to the child's psychological age. Is not this the fundamental framework of a health curriculum?

In order that such a curriculum can be developed, it is necessary that students be given type lesson plans, involving the various methods of presentation suitable to different grades. Class-room demonstration, with actual children, is valuable in fixing such procedures. And finally, students should be given ample opportunity for "practice teaching," supplemented by class-room criticism.

The course can be strengthened by undertaking certain projects, suitable to various age groups, and by advocating and demonstrating correlations with other subjects. The use of health posters, stories, jingles and scrap-books have stood the test since the beginning as interesting methods of presentation and application in primary work.

In conclusion, it may be stated that in so far as "Health Education" established in normal school will carry over and function in the life of the child, and is manifested in wholesome and happy surroundings, can success in health teaching be estimated.

THINGS OF BEAUTY

I love all beauteous things,
I seek and adore them;
God hath no better praise,
And man in his hasty days
Is honored for them.

I too will something make
And joy in the making;
Although tomorrow it seem
Like empty words of a dream
Remembered on waking.

—Robert Bridges.

Editorials

HEALTH TEACHERS

For those who have followed with interest the development of health work among school children during the past ten years, the Health Education Section of the recent World Federation of Education must have been of the utmost significance: not only because of the nature of the programme itself but more particularly because of the personnel of the delegates attending the sessions. The school doctors, nurses and health supervisors whom one would expect were there, but they were not in the majority. In greater numbers were the educationists—grade teachers, high school teachers, school principals, superintendents and public instruction supervisors, all intent upon securing means and methods of attacking the problem of health instruction in a manner which would be productive of the greatest results in improved child health. Surely the fact of their attendance alone is indicative of their estimate of the place of health in education. One is indeed sometimes inclined to believe that the educationist today realizes the possibilities of health education in schools to a greater degree than do health workers themselves. Only those who are very close to it really comprehend the enormous contribution to public health which is being made by the great army of teachers in the schools. Unfortunately there are few spectacular features to commend it to public notice.

The well-worn controversy as to who shall teach health in the school has evidently been decided: at least it was not mentioned at the Education Conference. The class-room teacher in all countries has apparently assumed the responsibility. When we pause to consider her greater knowledge of psychology and pedagogy, her opportunity for intimate daily contact with the child and her appreciation of the whole curriculum into which health as a subject is to be fitted, we can not for a moment question the superiority of her fitness for the task.

The realization by teacher-training institutions of both responsibility and opportunity in preparing teachers for health work is undoubtedly the dominant feature of its success, and one is impressed with the frequency with which it is emphasized. Until within the past decade provision for health instruction for teachers was almost unknown in either university or normal school, but today it is found in over one hundred such institutions in the United States alone. Canada, too, is making steady progress, with the trained public health nurse-teacher recognized in several provinces as a valued full-time member of the teaching faculty of the normal school. China, Porto Rico and Hungary report efforts quite similar and with equally encouraging results. Such a course for teachers is essentially practical and is based entirely upon the health needs of the different age groups in the type of community to be served. The more practical the instruction given, just so much more favourable will be the reaction in the lives of the children. The influence on the health practice of the student teacher, translated later into health example in the school, is not the least of the results of this course.

One speaker raised the question of the possibility of utilizing the chil-

dren in this health promotion campaign. This is exactly the point where the health instruction of today parts company with that of a previous age. "What we know children do rather than what we think children know" has been rather aptly expressed as the new aim, contrasting it thus with the former text book type concerned only with the imparting of information. Any school health programme worthy of the name strives above all else to secure the active participation of children. Since the gauge of success is improved personal practice and established ideals, a modern school health programme could not function without the child as the chief factor. The Junior Red Cross, for instance, which is making an outstanding contribution to this work, emphasizes particularly health work for children by children. The impetus which it brings to action through the appeal to the child himself and to his instinct for self-activity working through the regular health instruction of the school, is considered by many trained observers to be the basis of the value of this fine voluntary organization to public health work.

Since the possibility of practical results from health instruction in the schools has been unquestionably demonstrated, the school turns today more than ever before to the trained public health worker, both doctor and nurse, for scientific information, for personal leadership, for supervision and inspiration. The future stability and intelligent functioning of the programme will be determined by the co-operation available of all who are concerned with the health welfare of children.

THE HASTINGS SCHOLARSHIPS

The Hastings Scholarships in Public Health, founded in honour of Dr. Charles J. O. Hastings, for many years Medical Officer of Health for the City of Toronto, are a fitting tribute to a man who has laboured ceaselessly for the development of public health work.

At the outset of his career as a Medical Officer of Health Dr. Hastings stated that the public health nurse is an essential factor in the public health movement. Steadily through the years he has supported the efforts of the hospital schools to interest their students and graduates in this new responsibility of our profession. When the time came for the establishment of a Department of Public Health Nursing in the University of Toronto he advocated its establishment before the Senate, of which he is a member. His Department has been available as a practice field for medical and nurse students.

Dr. Hastings' support of the public health nurses of his own Department, his sound principles of staff administration and his high ideals of service to the community, have won the affection and respect of the public health nurses associated with him. The importance of his contribution to the development of modern nursing is recognized—not by Canadians only, but by those pioneers in all parts of the world where this new field of preventive work is rapidly developing.

Canadian nurses will welcome the opportunity to acknowledge their indebtedness to this really great pioneer in public health administration and to continue his work throughout Canada by securing contributions to the scholarship fund which will carry his name.

Announcement of the founding of the Hastings Scholarships may be found on page 81 in this number of The Canadian Nurse.

The Inception and Development of the Graduate Nurses Association, Ontario, 1904 - 1926

By JULIA STEWART, Toronto

To the nurses of Great Britain must be accorded the honour of having been first to recognize the need for the organization of the profession in order to bring about certain changes, not only in the training schools, but in the conditions which surrounded the carrying on of their work outside the hospitals.

In the early eighties Mrs. Bedford Fenwick, of London, England, formulated her ideas for a plan by which the affairs of nurses could be controlled by a central governing body composed of a majority of nurses to be appointed by the State, by which educational standards could be established and the registration of all qualified nurses brought about. In 1887 the British Nurses' Association was formed, with the following objects:—

1. To unite all qualified nurses in the membership of a recognized profession.
2. To provide for their registration on terms satisfactory to the physicians and surgeons as evidence of their having received systematic training.
3. To associate them for mutual help and benefit, and for the advancement of the profession.

Some years later this movement spread to the United States, in which country organization proceeded along alumnae lines until 1896, when by federating the alumnae associations of the various training schools a national body was formed. The leaders of the nursing profession in Canada, being most of them either British or American trained women, naturally were in touch with developments along these lines in both countries, and in 1894, Miss M. A. Snively, superintendent of the Training School of the Toronto General Hospital, was instrumental in founding the first alumnae association in Ontario.

In 1901 there was held in Buffalo a congress of the International Council of Nurses, formed a few years previously, at which were present leaders in the profession from all over the world, to discuss nursing problems, formulate plans for the betterment of standards, the securing of legal status for nurses, and the right to regulate their own affairs. There were present the women who in England had inaugurated the movement for organization thirteen or fourteen years before, and who carried on for many long and strenuous years after that the bitter fight for registration for British nurses. Amongst these were: Mrs. Bedford Fenwick, Miss Isla Stewart, Miss Catherine Wood and Miss Mollett. There were also the prominent women in the profession in the United States: Mrs. Hampton Robb, Miss Nutting, Miss L. L. Dock, Miss Palmer, Miss Damer and many others whose names were known the world over wherever training schools for nurses existed. There were the leaders in the profession from Canada: Miss Snively, Miss Brent and Miss Livingston, as well as representatives from Australia, New Zealand, India, France, Italy, Holland and Germany. Along with these great ones of the earth, there were a number of private duty nurses from Toronto who returned to their respective schools full of the enthusiasm to be found in such a great gathering, and having seen a vision of what organization might accomplish for their chosen profession, determined to work to that end.

Up to this time little or no interest had been shown in Ontario in organization, even along alumnae lines. The next three years saw a great

(Read at the annual meeting, Registered Nurses Association of Ontario, St. Catharines, May 27th, 1927.)

change in this respect, all the larger schools and many smaller ones forming alumnae groups. To the late Mrs. Arthur Paffard, a graduate of 1894 of the Toronto General Training School, is largely due the credit for this. Although she married soon after graduation her interest in all that pertained to nursing was still maintained, and to her work at this time we owe the provincial organization. She wrote to the superintendent of every training school in the province on the subject of registration, urging alumnae organization as a necessary preliminary step, and asking for a list of graduates to whom she also wrote. I would ask you to remember that these were not typed or multigraphed letters signed with a rubber stamp, but personal letters in long hand, and carrying with them something of the personality and enthusiasm of the writer. Perhaps only those in close touch with the work at this time can fully realize the amount of effort involved in laying the foundations of the G.N.A.O., as you have known it in later years. Why should one who was no longer in the profession have been so keen on this? I think that of Mrs. Paffard, Price Collier's words may be used fittingly:—

"Aristocrats are the same everywhere, whether they have titles or whether they have none,
They are those who believe they owe their best to God and man—and they serve."

The result of this preliminary work was so satisfactory that in 1904 is was felt that provincial organization might be proceeded with. A meeting was accordingly called on April 2nd, 1904, and the Graduate Nurses Association of Ontario formed, with Miss E. Campbell Gordon, superintendent of nurses, Kingston General Hospital, president; Miss Charlotte Eastwood, district superintendent of V.O.N., Toronto, and Miss Louise C. Brent, superintendent of nurses, H.S.C., Toronto, vice-presidents; Miss K. Matheson, superintendent of nurses, Riverdale Hospital, secretary, and Miss Josephine Hamilton, treasurer.

Realizing that in many training schools the educational needs of the nurses were being subordinated to the nursing needs of the hospital, the first object of the newly formed association was "The advancement of the educational standards of nursing." The second was "The maintenance of the honour and standing of the profession," and the third—"The furtherance of necessary legislation in the interests of the public, the physician and the nurse.

The following have acted as the chief executive officers of the Association since its inception:—

Miss E. Campbell Gordon	1904-05
Miss C. E. Eastwood	1905-06
Miss L. C. Brent	1907-08
Mrs. C. J. Currie	1908-10
Miss B. Crosby	1910-13
Mrs. Tilley	1913-15
Miss K. Madden	1915-18
Miss Kate Matheson	1918-20
Miss E. J. Jamieson	1920-23
Miss E. Cook	1923-25
Miss E. M. Dickson	1925-26

Legislation—The main object of the organization being registration, a committee on legislation under the able leadership of Miss Eastwood, was formed very early in its history. The first work undertaken by this committee was preparation of a paper on "Registration," which was read at the annual meeting of the National Council of Women, held in Charlottetown, P.E.I., in June, 1905. It was felt that this would be an educative measure and serve to acquaint this body of influential women with the object in view, and would enlist their sympathy and help in obtaining the desired legislation.

In the same year a mass meeting of nurses was called in Toronto to listen to an address by Miss L. L. Dock, of New York, on Registration. Miss Dock had been connected with the movement in the United States from its beginning, and was therefore well qualified to give a most illuminating address. The committee carefully studied the legislation which had by this time been enacted

in many of the States, and finally asked the late Hon. J. W. St. John, a brilliant lawyer and speaker of the Ontario House, to prepare a bill, which he most kindly did, giving his valuable services free. This bill, applying for the incorporation of the Association, for registration of all qualified nurses, and for a Council of Physicians and Nurses, was presented to the House in March, 1906, by Mr. Thomas Crawford, then member for West Toronto. No serious opposition was met till the bill came up for its third reading, when it was violently opposed by representatives from the boards of some of the small hospitals, as well as some of the larger ones, and in particular by a representative from an organization giving a training in district nursing only, whose graduates would therefore not be eligible. The public press assailed the measure as "Trades Unionism" of the worst type, and members of the House heretofore friendly to it, became either indifferent or actively hostile. When the Committee of the House, which had the matter in hand, made its final report, the bill had been altered to such an extent as to nullify what the organization had in view.

It was found that the bill as amended provided, first, that no further educational test could be imposed on any graduate from any school approved by the Council; second, that all nurses who might hereafter graduate from any school now or hereafter maintained by any public hospital approved by the Council should be registered without further examination; and, third, that the Council instead of being composed of a majority of nurses, would consist of four male medical practitioners, four male members of hospital boards, and seven nurses, and that all decisions whatsoever of the Council might be annulled by the provincial secretary. After consultation with Mr. St. John, a majority of the executive decided to withdraw the bill.

The Association was greatly appreciative of Mr. St. John's strenuous efforts on its behalf, and to indicate this to some small extent he was made an honorary member. By his death the following year the nurses of Ontario lost a warm friend. Dr. Helen MacMurchy was also made an honorary member and Mrs. St. John a life member.

It appeared that the opposition encountered at this time was not to registration as such, but to the granting of legal status for nurses founded on the principle of self-government, and to the setting of standards which would compel many hospitals to either close their schools or come up to those standards.

The discussion in regard to standards of training, eligibility for membership, etc., caused by our attempt to gain legislation had done some good, however, as several hospitals arranged affiliation courses for their pupil nurses as a result.

One of the lessons learned by this experience was that the nurses as a body needed to be much more thoroughly aroused to what the Graduate Nurses Association of Ontario was trying to do. A great many of them were and always have been absolutely indifferent, and even some of those who had been active in the interests of the bill had a very vague idea of what it was all about. One of these remarked to a member of the executive, "Well, I worked hard for that bill, but to be honest, I don't really know what registration means or what good it would do if we had it." It was evident also that an enlightened public opinion behind the movement was necessary before success could be attained.

Interesting the Nurses—The next three years, 1907 to 1910, were, therefore, devoted to an effort to more thoroughly inform the nursing body, both graduate and undergraduate, and to some extent the general pub-

lic, of the aims and objects of the Association, and to increasing the membership, which at this time was little over 300. To this end the training schools of the province were circularized, and representatives sent to many of them to present the claims of the Association to the pupil nurses. It was felt that the formation of chapters of the Association throughout the province would stimulate interest in nurse organization. The first of these was formed in Hamilton in 1908. Chapters were afterwards formed in Brantford, Kingston, Ottawa, Owen Sound, Peterboro and Toronto.

In 1910 a second bill was prepared by Mr. M. Ludwig and discussed fully in executive sessions and at the annual meetings of 1910 and 1911. It was never presented to the House, as during the session of 1911 and 1912 the late Dr. Bruce Smith, inspector of hospitals, was instrumental in having the Hospitals and Charities Act amended by the insertion of the famous clause 18, which read:

"Training schools for nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto, as may be prescribed by the Lieutenant-Governor-in-Council, have been observed, graduate nurses of such training schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a registered nurse."

This piece of permissive legislation was a complete surprise to the nurses of the province, and much controversy centred around it. No one knew exactly what to do with it and many felt that if invoked it might defeat the objects which the organization had worked so long to achieve. It was, of course, inert without the necessary regulations, and as a further effort to make it operative was at a standstill for three years, before considering further the work of the Legislation Committee, I wish at this point to refer to other activities of the organization.

The G.N.A.O. became incorporated under the Ontario Companies Act in 1908.

Other activities of the G.N.A.O. at this time:—

The Canadian Nurse—An adventure of faith.

The year 1905 saw the launching of an Alumnae Journal published quarterly by the Alumnae of the Toronto General Hospital Training School, Miss Lucy Bowerman, now Mrs. Mill Pellatt, being one of the prime movers. In its second year it was published by a small committee of nurses, as the Journal of the Associated Alumnae of the Toronto Schools of Nursing, and in 1907 became, under an editorial board, a national magazine, and the official organ of the Graduate Nurses Association of Ontario. The nurses of the province owe a great deal to the pioneers who founded The Canadian Nurse, both the directors and the editors. It certainly was an adventure of faith and as we had no capital, no nurse could be found who had the requisite experience to act as editor. Dr. Helen MacMurchy filled the position most acceptably until 1910. She was succeeded by Miss Bella Crosby, and to both of these women the thanks of the nursing body are due. They worked for a merely nominal salary at an exceedingly thankless task and did yeoman service in this particular field. Others associated in the heroic effort to keep the magazine afloat when the rank and file of the profession gave very little help, were Miss Annie Robinson, Miss Grace Hodgson, Miss Christine Mitchell and especially Miss Minnie Christie, who acted as business manager for many strenuous years, giving her services without remuneration. Miss Helen Randal succeeded Miss Crosby as editor in 1916 when the magazine became the property of the Canadian National Association of Trained Nurses.

The present editor, Miss Jean S. Wilson, took over her duties in 1924. The Canadian Nurse, particularly in the earlier years, is very closely linked up with the struggle for registration, as it was the only medium of reaching and interesting the nursing body at large.

Standing Committees—The Constitution and By-laws originally adopted by the Association called for standing committees on—1. Legislation. 2. Constitution and By-laws, 3. Publication and Press. To these committees have been added—4. The Canadian Nurse, 5. Public Health, 1919; 6. Red Cross Advisory, 1919; 7. Private Duty Nursing, 1919; 8. Nurse Education, 1921.

Constitution and By-laws—Very little change was made in the Constitution originally adopted until 1914, when the by-law relating to membership, which heretofore had been individual, was changed, making the membership by Association.

At the annual meeting in 1915, a sub-committee under the leadership of Miss E. M. Dickson, was appointed to secure from the training schools of the province such information as to the extent and nature of the training being given as would be a guide to the executive in reconstructing the eligibility clause of the Constitution. It was felt that this information would also be of great use to the legislation committee.

A questionnaire regarding the number of graduate nurses employed, various services, daily average of occupied beds, number of patients per nurse, affiliations, optional courses, number of hours theory, number of hours practical work, etc., with a letter stating why the information was asked, was sent to 86 public and 62 private hospitals and to 44 other institutions, 192 in all. Of these 92 replied—62 maintained training schools. The following is a quotation from Miss Dickson's report:—

One general hospital, whose superintendent honestly admitted that she was not a graduate nurse, having married before her final examinations, gave a two-year course, with a daily average of five occupied beds, monthly average of three operations, and a training school of two pupils.

Another hospital with a capacity of 214 patients, daily average of 85 occupied beds, and a monthly average of 80 operations, had no graduate assistant, no graduate head nurse, no graduate night supervisor, and no graduate operating-room nurse with which to train 55 pupils.

On the other hand we find a hospital with a daily average of 100 occupied beds had five graduate assistants, ten graduate head nurses, with which to train 23 pupils, and a monthly average of 40 operations.

One hospital of 60 beds sends a letter of regret that there has been no system of records kept. We are glad to learn that they are re-organizing.

Another hospital with 18 pupils replied in the affirmative to the question "Do you give an Administrative Course," and explained that this course consisted of eight months' housework in the Nurses' Residence.

Another replied that lectures and demonstrations were given "when convenient."

The academic standing for admission to one training school was a "good knowledge of English."

Several points were brought out as a result of the information gained by this committee:—

1. The necessity for at least a minimum standard curriculum.

2. While many of the small hospitals realized the need for affiliations to round out their training, there still remained some who needed to be roused to this necessity.

3. That the larger hospitals, who could give such affiliated courses were finding difficulty in providing sufficient teaching material for their own needs.

4. The necessity for additional teaching staff in many training schools.

Committee on Legislation (Resuming)—In 1915 the executive of the G.N.A.O. called a meeting to discuss the advisability of the Association appearing before a Royal Commission which had been appointed by the Ontario Government to report on all matters relating to the practice of medicine in Ontario, methods of examining, licensing, etc., of all

who may have any relation to the practice of medicine, including nurses. It was decided that the Association should lay the whole matter of nurse registration before the commission and ask that the necessary regulations for the carrying into effect of clause 18 be granted. Miss E. M. Dickson was appointed convener of a committee to prepare the necessary data and ask for a hearing. When the committee was called to appear before the Commission, Miss Dickson made the introductory statement, showing by extracts from information submitted the great necessity for uniformity of training, examination and registration of nurses of the province, the lack of proper assistance given to many superintendents for the training of pupils, etc.

Miss Bella Crosby then spoke on "The Wide Field Occupied by the Graduate Nurse in the Community."

Miss Jean I. Gunn followed with a suggested plan for the regulation of the training, examination and registration of nurses. All of the material submitted was carefully gone over by the committee before each appearance before the Commission.

After the views of the Association had been presented, Mr. Justice Hodgins made the following statement:—

"I might say that I think it is a great deal to the credit of the nurses that they have taken the matter up in such a practical way. In fact, they are the first body that has so far appeared before the Commission with any definite scheme they wish to put into operation. It seems to me that the matters you have so ably dealt with today are things that will require to be met in some way and the information which you have given me is not only very interesting, but also extremely valuable to me."

On February 1st, 1916, the committee was again called before the Commission and at this session some opposition to our proposed plan developed from the private hospitals, in that they wished for a preponderance of medical representation on the council of nurse education and examination board. The third appearance of the committee before the Commission was on March 30th, 1916, this time in reference to nurse registries. In Miss Dickson's report of 1920 covering five years' work she says: "Up to the time of the intervention of the private hospital everything indicated smooth sailing, but from that date the commissioner seemed to believe that behind our clamour for standards lay a desire for control of fees and monopoly of the work of the profession. To break down this misconception has been quite the most difficult task of your committee."

At this hearing the committee was asked to submit a set of regulations which would be acceptable to the nurses of Ontario and this was accordingly done. The report of the Royal Commission was presented to the House in 1917 and during that session the committee was asked to meet the Premier, the late Sir William Hearst; the Minister of Education, Hon. Dr. Cody; the Provincial Secretary, Hon. W. D. McPherson, and the Attorney-General, Hon. I. B. Lucas. These gentlemen listened sympathetically, and the Premier promised prompt action. But an election was approaching and during the remainder of the tenure of office of the then government, no matter of a controversial nature which could be avoided, was taken up.

In 1919 came a change of government. Since the beginning of our attempt to gain registration we had had ample proof of the statement that legislators are the world's best procrastinators, and surely we had acquired at least a little of the virtue of patience, as delay followed delay. The matter of providing the necessary regulations had been

transferred from the Department of Hospitals and Charities to the Department of Education so that the matter had to be taken up with a new group of people. When the regulations were provided, the provincial secretary declined to put into operation under his department, regulations made in another department of the government. In 1922 clause 18 was repealed and the Act known as the "Registration of Nurses' Act" was passed, providing for the operation of training schools and the registration of graduates therefrom, subject to such rules and regulations as might be prescribed by the Lieutenant-Governor-in-Council.

The regulations prescribed pursuant to the passing of this bill were withdrawn on account of objection being made by hospitals and others to uniform examination, and these regulations did not provide for a Council of Nurse Education. In 1923 Miss Dickson was appointed by the government to make a survey of the training schools of the province, report findings and draw up regulations for the conduct of approved training schools. While organizing the office and putting into operation the provisions of the Act, Miss Dickson was instrumental in having officially appointed an advisory committee from the G.N.A.O., composed of the following:— Miss Jean I. Gunn, as chairman; Miss Beatrice Ellis, Miss Kathleen Russell, Miss Ruth Bryan, Dr. W. J. Dobbie, Miss E. M. Dickson, Miss Esther Cook, Miss Kate Mathieson, Miss Elizabeth MacWilliams, Miss Kathleen Panton, and the Inspector of Hospitals.

This committee prepared a minimum curriculum for the use of training schools. Later, through a memorandum prepared by Miss Dickson, the regulations were amended by an order-in-council to include a Council of Nurse Education. The amendment provides that this council shall consist of seven members, three of whom shall be nurses engaged in a teaching capacity with a training school for nurses and who are recommended by the provincial organization, two physicians and ex officio the Inspector of Hospitals and the Inspector of Training Schools. The council as originally appointed in 1924 was as follows:—Miss E. M. Dickson, Miss G. Fairley, Dr. Ryan, Miss A. M. Munn, Miss J. I. Gunn, Dr. W. J. Dobbie, and the Inspector of Hospitals.

Through the appointment in 1924 of a minister of health, the provisions of the Registration of Nurses' Act are now carried out under that department. While the Act is a government measure and does not grant to the Provincial Nurses' Association the responsibility of examining, regulating and registering the members of the nursing profession, there has always been the closest co-operation between the profession and the government in this matter, all legislation and regulations having been initiated and guided by the Association through its special committee.

While it is not possible to deal exhaustively with the splendid work done by the various committees this record would be incomplete without a brief reference to them as follows:—

The public health committee formed in 1919 has been convened by Miss Muriel McKay, Miss Ella Jamieson and Miss Eunice H. Dyke. From a small committee originally, its membership grew to include representatives from the following organizations:— Provincial Department of Health, Nursing Services of Dept. Education, Ontario Division Canadian Red Cross Society, Industrial Nurses' Association, Department of Public Health (Toronto), Women's Institutes, Mothers' Allowance Commission, Victorian Order of Nurses, Hospital Social Service.

This committee has now become a section of the R.N.A.O. The Nurse

Education Committee, formed in 1920, has also been made a section.

Private Duty Committee, 1919. The first convener of this committee was Miss Edith Gaskell. The object of the committee was to unify the private duty group and to deal with matters of particular interest to that group. Miss Helen Carruthers has been convener for several years and has done a splendid piece of work in arranging for refresher courses for private duty nurses in connection with the extension department of Toronto University and the university hospitals. This committee has also become a section.

The advisory nursing committee of the Ontario Division of the Red Cross Society, 1919. This committee under Miss Gunn's convenership has advised and assisted in the peacetime activities of the Canadian Red Cross in relation to:—

1. Field Nursing Service.
2. Home Nursing.
3. Emergency Nursing.
4. The awarding of scholarships for the Public Health Course at the University of Toronto, granted by the Red Cross Society.
5. The preparation of recommendations to the Red Cross Executive regarding questions of nursing procedure and the standardization of the small hospitals and outposts administered by the Ontario Division of the Red Cross Society.
6. Bureau of information on Public Health Nursing.

In reading the history of the past twenty odd years of the G.N.A.O., one realizes that the bulk of the really tremendous amount of work that has been done has fallen on the shoulders of a relatively small number of people. "Of all work," says the Bishop of Exeter, "which produces results, nine-tenths must be drudgery, and there is no work from the lowest to the highest which can be done well by anyone unwilling to make this sacrifice." If there is any value at all in such a paper as this, it lies in the fact that it helps us as a body, to realize to some extent at least, the value of the service that has been given by the women who have led this organization in its various activities during all these years.

To the Registerel Nurses' Association we look for even greater accomplishment, and might venture to suggest as its guiding principle these words by a writer whose name I do not recall:—

"Make no little plans. They have no magic to stir men's blood and of themselves will probably not be realized. Make big plans, aim high in hope and in work, and remember that a noble, logical aim, once recorded, will never die, but long after we are dust, will be a living thing, repeating itself with ever-increasing insisteney."

MISS E. J. JAMIESON, Reg.N., AWARDED A TRAVELLING FELLOWSHIP

One of Toronto's first school nurses, Miss Ella J. Jamieson, Reg.N., has been awarded, by the Rockefeller Foundation, a Travelling Fellowship, which enabled her to observe and study methods and types of health education in some of the larger cities of the United States and to visit local health organizations in sections of the United States comparable to rural Ontario.

For four years Miss Jamieson, a graduate of the Hospital for Sick Children, was president of the Graduate Nurses Association of Ontario, and for seventeen years she has devoted her time to school nursing, serving under the Board of Education, Toronto Department of Health, and the Ontario Department of Health. At present she holds the position of Associate Director of School Nursing Service with the Ontario Department of Health.

Miss Jamieson, who has just returned from her trip, gathered a considerable amount of very interesting and valuable information which will, undoubtedly, throw a new light upon various activities of the Public Health Nursing Division of the Health Department, and also establish new fields of work.

The Provincial Programme of Infant Care

By ANNA E. WELLS, Assistant Director of Public Health Nursing Branch of the Manitoba Provincial Board of Health

PART II

We find in analyzing the various methods of organization in rural areas that though there is variation there is the same purpose and end in view, and it is significant that no province is entirely satisfied with the progress made. All are too sincere in their effort to provide an adequate rural health service to be content with the work that has been done.

Practically all provinces are agreed that the generalized type of nursing is the most practical and economical from the standpoint of family health work.

Likewise all are agreed that home visiting constitutes the most important part of a public health nursing service in maternal and infant welfare work; that health conferences for the benefit of all mothers in the district, home nursing classes, including instruction in maternity and child care, and health exhibits at summer fairs are a powerful means of arousing the interest and co-operation of the community; and that all provinces find the assistance of Women's Institutes, United Farm Women of Canada, Red Cross Society, and other welfare organizations of inestimable value in supporting health services.

You will have noticed perhaps that pre-natal clinics have not been mentioned as part of the rural service in any province. At the present time they seem impractical, as mothers receive advice at the child welfare stations and in their homes, and are referred to their family physicians for medical supervision. Women generally in rural areas are yet so uninformed of the importance of frequent pre-natal examinations and of the danger of neglect that it is difficult to find expectant mothers early enough to do adequate pre-natal work. Where there is a permanent generalized public health nursing service, expectant mothers may be met when the nurse visits the homes of school children; but it is chiefly through community educational work that mothers may be found and given pre-natal care for the first child.

With regard to other permanent clinics in rural areas, it seems preferable to educate people to seek health supervision from the family physician rather than to organize clinics, except as a special means for community health education. The travelling clinic, however, has proved to be a successful means in reaching rural districts without medical service.

Now as to the difficulties in the various provinces. The greatest of these is the lack of funds for health authorities to carry on an adequate health programme. Why this is, in view of the fact that maternal and infant welfare work is the keystone of all educational and protective endeavour for human welfare, it is difficult to understand. The past few years of financial depression and of high taxes have affected health work as well as other services: perhaps more so on account of its being a comparatively new branch of work. At the present time most municipal officials are more interested in the side of public health work which obviously lessens municipal expenditure, i.e., control of communicable diseases and school health inspection, than in maternal and infant welfare work, which may take years perhaps to demonstrate its real value.

Departments of Agriculture have for many years been maintained to assist in problems of better and healthier stock, of larger crops, management of farms and farm homes to increase financial returns to the

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(Read before the annual meeting, 1927, of the Canadian Council on Child Welfare, and will be reprinted by the Council in pamphlet form.)

country, and they are most necessary. Does it not seem strange that as much cannot be done for the promotion of better and healthier rural parents and children? Surely the enormous amounts expended for curative and custodial purposes alone for our people, without the suffering and misery involved (unmeasurable in dollars and cents) which preventive measures decrease, should arouse public opinion in this matter. Knowing all sides of the problem, and its effect, it is hardly a question of not being able to afford expenditure for health work, but whether we can afford not to spend.

The next difficulty in importance is the seeming lack of interest and co-operation on the part of the average rural individual to maternal and infant welfare work. Collectively, rural people are interested in all matters that concern their welfare, and individually they are constantly asking for advice. To show that they are interested, it seems as if it will be necessary for rural mothers (who hesitate to make public their own health problems) to awaken to the fact that they must become forcefully articulate—as the members of a Women's Institute became not so long ago, when the Municipal Council decided to dispense with the nursing service in their district.

In urban districts direction and supervision are available at all hours to the workers; organizations for relief and corrective work are already established; transportation and climatic conditions do not generally constitute difficulties.

In rural districts, the very reverse is true. Workers must take the initiative in promoting welfare work, do their routine duties, and in addition must be prepared for any emergencies at all times. Especially does this obtain in the outlying districts where nurses have been placed because of the lack of hospital and medical service. A recent report of the work of one of these nurses states that "she worked alone at top notch of nervous strain for eighteen hours at a maternity case, and the baby was made to breathe only after much effort." Perhaps only a physician or nurse can realize all that such a brief report indicates. But I should like to draw to your attention that we do not officially recognize the practice of midwifery, yet we stipulate that these nurses shall have special training to enable them to undertake the work of an obstetrician. I am at liberty to speak of this after ten years' experience in rural work, and in organizing and supervising nursing stations where these nurses are placed. I often wonder if we are really consistent or just to these women who are willing to devote their service to the frontier places. No missionary in the foreign field has to endure more fatigue or hardship than some of these nurses who are trying to meet a most urgent need. Although I hold no brief for state medicine, I hope the day will come soon when physicians will be stationed permanently by official organizations in such districts, to relieve nurses of responsibilities that should not be theirs. In this connection, it is interesting to note that mining and lumbering industries in outlying districts are required to provide medical care for the men. We may safely conclude that the needs of rural women and children are in no way less than those of able-bodied men.

I believe I am expected to outline a provincial programme for infant care, and this is not easy to do. Each province has its own particular problems which must be taken into consideration in planning a provincial programme. However, there are basic principles in organization that are generally accepted, and these are:—

In brief, that effective health service must have legal authorization, sufficient financial support, efficient leadership, trained workers and must be continuous.

That the child health programme should be outlined by a public health agency which has knowledge of rural conditions: with the support of private organizations.

That the purposes of a child health programme are:

Teaching mothers to care for themselves, particularly during the prenatal period;

Teaching parents and attendants of children the principles of hygiene, nutrition and sanitation: that children may be born without preventable handicaps, properly cared for to avoid defects and disability;

Promoting health attitudes on the part of each member in the community;

That the health service be generalized, so that there will be a better understanding of the health needs of the whole family.

It is now conceded:

(1) That the best school health work is accomplished through prenatal and pre-school work.

(2) That the unit of any project for improving maternal and child health is the public health nurse who visits parents in their homes.

(3) That the co-operation of local physicians is essential, who by reason of their understanding of the problems that make public health measures necessary are the logical leaders in community health enterprise. Without it no plan can be successful. Public health nurses act as assistants in preventive medicine as the hospital and private duty nurses act as assistants in curative medicine.

(4) That medical direction and nursing supervision of the public health nursing service be given by a public health agency. When an organization occupies the whole field of public health, and draws its funds from the taxes, the work becomes an accepted part of public service for every citizen, and has the air of belonging to the people. The reasons for this have been briefly summed up by Miss E. H. Dyke of the Toronto Department of Health, at the last conference of the American Public Health Association, as follows:—

"The public agency can bring about co-ordination of public and private agencies and delegate functions, but it is difficult for representatives of a public agency to participate in work directed by a private agency.

"The nursing service of a public department makes articulate that thing in government which lies buried in the heart of every official.

"The nurse who visits the homes as a representative of government can interpret the essential qualities of government where all other influences fail, and may interpret the needs of her clients to intelligent philanthropy."

If these reasons are sufficient for an urban public health nursing service, they are undoubtedly of greater importance in a rural service.

In Manitoba, where a public health nursing service was organized by the Provincial Board of Health in 1916, through the thoughtful consideration of rural public health problems by the late Dr. Gordon Bell and the members of the Provincial Board of Health, and through the vision and effort of Dr. M. S. Fraser (the medical director) a nursing service has been built up to provide field workers to municipalities outside of Winnipeg. Though a branch of government service, it does not savour of paternalism or officialdom, and is a socializing influence, especially among the people of non-British races.

As the Manitoba Government was the first provincial government to undertake such a new branch of service there was no precedent to guide in outlining the programme of activities, and, therefore, the first year was largely one of experiment. It was found impossible to adopt the methods established in urban work, for the rural health nurse found herself confronted with problems very different from those in the cities.

It was realized that in rural and town districts, where nurses are few

and funds are limited, all branches of public health nursing must of necessity be carried on by one nurse. Therefore, this plan of organization was accepted as the most efficient and economical for carrying on as complete a health programme as possible.

The nursing service is administered as follows:—

When a municipal council or school board decide to inaugurate a nursing service, application is made to the Provincial Board of Health. The Board of Health then makes the appointment of the nurse and supervises her work.

The cost to the Government of maintaining a nurse in a district is from $1,600 to $2,000 a year. This amount includes salary of the nurse, transportation, first aid supplies, records and equipment used to carry on her work. Up to the present time the charge against a district employing a nurse has been $920 a year. The cost of the nursing service seems to make but very little difference in the rate of taxes. As one municipal official expressed it, "it only cost the owner of a quarter section of land the price of a cigar, and not such a good one at that." At any rate, the municipalities who employ nurses and fully co-operate in all ways to make their work for them of greatest value count such cost an investment.

Now, you will ask, how does the public health nurse proceed with her generalized programme and where in particular does she work?

She works in the schools, in the homes, and the community, which enables her to reach all in her district.

Because of limited time and the large area to cover, the programme is principally one of health education, which usually begins with school work, and through the school works back to the homes.

I shall not weary you by enumerating all of the activities of the public health nurse, so I will briefly outline those directly related to maternal and infant care.

Individual pre-natal and infant work is carried on by home visits, consultations and health conferences at child welfare stations and at summer fairs, correspondence or 'phone consultations, and supervision of maternity and children's boarding homes.

Community work is carried on through the work of the child welfare station, health and home nursing classes, health conferences at summer fairs, health exhibits, press publicity, and social service activities in connection with local organizations, and also for public organizations, i.e., Child Welfare Department, in connection with Mothers' Allowance, Neglected and Dependent Children, etc.

The most important duty of the public health nurse is instructing the expectant mother in pre-natal care, persuading her to consult her physician, and to arrange for adequate care at confinement.

Next in importance is the follow-up work of the babies. When a nurse is able to report that all of the babies are breast fed and that no maternal and infant deaths have occurred, she is very proud indeed of her community.

All maternity homes, institutions and boarding homes for children and day nurseries are required to be registered with the Provincial Board of Health, which grants permits if such homes and institutions are suitable.

It is the desire of the Provincial Board of Health to find suitable family boarding homes for children and to encourage and aid good foster mothers to maintain and promote the health of children committed to their care. Investigation and regular inspections are made by two nurses of the staff and by the field nurses in their own respective districts. This supervision was found necessary to protect the health of children deprived of the care of their natural guardians.

The work of supervising boarding homes for children has increased greatly, due to the emphasis now being placed upon the needs for family home care of children. Co-operation of all child placing and other social agencies is maintained in order that the work of this service may be carried on efficiently.

To make any permanent progress in health matters it is necessary to interest and to depend upon the co-operation of the women in a community. And for this reason the women's organizations are the greatest support to the nursing service by their ready assistance in promoting measures for health and treatment.

Where arrangements have been made between the municipality and the Provincial Board of Health, bedside nursing care is given as part of the general routine, and precedes other work in the nurse's programme.

At the present time, while nursing care is given to instruct those in the home in the care of the sick, or if there is an emergency, regular bedside nursing care is included in the service to patients in their homes in only two communities that are small enough in area to make such work possible. This is the plan of public health nursing service which is considered to be of the most value in promoting health education, and will be developed as municipalities desire to have it.

Where such a service is established it functions under the auspices of a local organization. In one community the Imperial Order of the Daughters of the Empire sponsors the work, and in the other it is under an organization composed of representative citizens, called the Citizens' Welfare League, which collects fees from those who can afford to pay and provides any necessary equipment and relief needed for the families served.

Child welfare stations are established as health centres in a public building or a rest room of the Women's Institute in a town or village. Their purpose is to place within the reach of every mother or expectant mother of a community a health centre for pre-natal consultations, child health conferences, clinics, classes, etc.

Regular health conferences are held there to give infants and preschool children the same health service that they will freely receive as school children, i.e., health inspection, weighing, etc., and to emphasize the importance of early habit training and dietary needs for children. When signs of disease or disability are present in children they are referred to their own family physicians for treatment, but the nurse shows mothers how to carry out any treatment ordered. Physicians have given generously of their time and service, enabling communities to have free medical advice at these health conferences.

Child health conferences are also held at summer fairs in place of the old-time baby show as a means of revealing the defects of apparently well children, and to educate parents as to the value of annual thorough physical examinations by their family physicians. The child health conference is recognized as an important attraction at fairs by the directors of fair boards, and in addition serves the community as a means of obtaining a health examination for pre-school children. The examiner, who is a child specialist, also acts as a consultant to local general practitioners when so desired.

Health and home nursing classes are held under the auspices of local women's organizations where instruction in maternal and child care is emphasized. These classes are formed in order that the fundamental principles of nursing may be available to every woman in the community and are found to be far-reaching in effect.

Health talks to 'teen age groups, i.e., C.G.I.T. and Girl Guides, and the organizing of Little Mothers' League

classes for the senior girls in the elementary schools, which includes instruction in home nursing, also have an important place in health education in this phase.

In addition, special measures in health education are conducted to stimulate group interest by means of health exhibits at fairs and conventions of welfare organizations.

Instruction is also given to normal students in the value of maternal and child care and in home nursing, to assist them in helping and advising parents in rural districts, which they are frequently called upon to do where there is no medical or nursing service.

In 1923 the Department of Agriculture allowed us to use a coach of their Better Farming Train, which was fitted up for health conferences and lectures for mothers and children. This work especially demonstrated the need for health services and indicated how anxious the parents of rural districts are to seek health information. We are hoping that we may extend the travelling type of service as it is a means of taking to the rural people the service and the convenience and equipment used in cities.

Looking back over those first years we find that the work of organization in rural districts has been far from easy. The public health nurse was in many instances not the welcome visitor that she is today. In health education one is struck by the changed attitude toward health matters and the amount of health knowledge shown, and we have reason to believe that the public health nurse has played some part in bringing this about.

As to the difficulties encountered in the service, there are many, for in almost every point of approach there are some obstacles. Financial depression increases social service work, and lack of accurate morbidity and mortality statistics in rural areas hinders any movement to urge the necessity for better maternal and infant protection.

Lack of diagnostic and medical treatment for the poor also hinders work in correction and control of disease.

The problem of inadequate nursing service is very acute. To meet this need smaller areas are necessary for each nurse to accomplish satisfactory work.

In conclusion, it seems fitting to pay tribute to the record of achievement of the Victorian Order of Nurses in establishing cottage hospitals for rural mothers, and to their high standard of nursing service; to the individual efforts of pioneer physicians and nurses who have made many sacrifices to care for rural mothers and children; and to the leaders of the Red Cross Society, who have made the best possible use of their funds by establishing nursing outposts for our pioneers.

Though there still remains a tremendous task to be performed to place health service within the reach of all of our rural people, we know that steady progress is being made.

Universities have opened their doors to nurses to give knowledge concerning health service for mothers and children and have placed their stamp of approval on such work.

National welfare organizations are also giving more thought to this matter, for we find that recently the National Council of Women decided to enlarge their study of maternity benefits to maternity care.

We may even point with satisfaction to the beginning that our Canadian Council on Child Welfare has made in stimulating interest in maternal and child health problems.

So we may hope that by working in unity the day may not be far distant when our national, provincial and municipal governments will see their way clear to make adequate provision for rural maternal and child health services. There is great

concern for mothers and babies when conditions become so pathetic that sympathy demands attention. Surely we have advanced sufficiently in the knowledge of preventive medicine to feel that such conditions (being preventable) are a blot upon our Dominion. I may seem to over-emphasize, but any rural health worker will tell you that it is impossible to exaggerate certain aspects of our rural maternal and infant problems.

We know what the acceptance of the provisions of the Maternity and Infancy Act (the Sheppard-Towner Act in the United States) has meant to the rural districts of the states which took advantage of it. Canada needs such assistance for her rural people in no less degree.

The statement of President Coolidge in his address for peace requirements may well be applied to the health requirements of our mothers and babies in rural areas: "Truth and faith and justice have a power of their own in which we are justified in placing a very large reliance."

Hospital Management

By SISTER M. IMMACULATA, Superintendent, St. Martha's Hospital, Antigonish, N.S.

There is probably no branch of work which presents more acute or more varied problems than those of the hospital world today, representing in its breadth every variety of institution from the large, well-endowed hospital to the small, crudely-organized, struggling country institution, whose very existence from day to day seems largely problematical.

The object of all hospital work, whether the institution be large or small, should be the relief and cure of the sick and suffering, the prevention of disease, and the promotion of medical science. Probably this is one of the very few statements which can be made concerning hospital work that offers little ground for argument.

Generally speaking, it is to the large hospitals of this country we must turn for traditions, standards, and general rulings on which to base the conduct of such institutions. Unfortunately, the requirements of most small hospitals are necessarily of such a different character that rules and regulations which would be of the utmost value in a large institution frequently cannot be applied at all in a small, isolated country hospital. As a result, when the superintendent of a small institution undertakes to study conditions in other small hospitals with the idea of improving and standardizing the work of her own, she is apt to find that in most cases each institution appears to be a law unto itself, and the result of such investigation is more confusing than enlightening.

We must take into consideration the character of the hospital itself, its location, its surroundings, its construction, its endowment, or, unfortunately in most cases, its lack of endowment, its management, and the spirit in which it is regarded by the community or municipality which it serves. Quite frequently the success of the small hospital is dependent less on shrewd business management than on the creation of a spirit of loyalty, interest, and good-will among those people of the surrounding commun-

(Paper written for Refresher Course for Nurses, Dalhousie University, Halifax, July, 1927.)

ity on whom it must necessarily depend for its maintenance and support.

Today the properly managed hospital will see that an entering patient gets immediate attention. He will be made welcome and impressed with the fact that his interests are to be uppermost in the thoughts of everyone in the hospital, that his welfare is to be the hospital's first consideration. The necessary office record and financial arrangements should be made promptly and as pleasantly as possible. He should then be escorted to his room by a nurse. The supervisor of the floor should make it her duty to call upon him immediately to answer any questions he may wish to ask and to see that he is comfortable. An interne should wait upon him at the earliest possible moment, that he may know his physical condition is under early consideration. A hospital should also be provided with a recreation or sun room where patients may go and converse with one another, getting away from their beds and forgetting their troubles temporarily.

The attitude of the internes, nurses, and employees in the hospital will determine in a large measure the reputation of the hospital. People who are sick physically are usually sick mentally. They may be more grouchy, more unreasonable, and more demanding than when well or they may be more susceptible to sympathy, more desirous of winning the esteem of those about them. It should be the constant desire of everyone in the hospital so to conduct himself that when the patient leaves the hospital he will gladly say it was good to be there. The hospital should always keep this in mind, and both by example and precept impress everyone in the hospital with the thought that each patient is the guest of the individual nurse, interne, or employee. If each person in the hospital fully realizes that he is the host of the patient and that he should treat the patient as he would a guest in his own home, the hospital has gone a long way towards making the patient happy and increasing its own popularity.

No hospital management has a right, however, to expect that this condition will exist automatically in the minds and hearts of the hospital personnel. It is the business of the management to implant it by seeing that the conditions in the hospital are such as to make the helpers thereof part of the hospital and desirous of doing all they possibly can to assist the patients. This means the best possible accommodation for the nurses, for the internes, for the help.

All these people—internes, nurses, and employees—are entitled to the best living conditions the hospital can afford. You may be sure the patients will receive exactly the same kind of treatment that the hospitals give to those who care for the patients. If the nurse, for example, is well housed, well fed, contented; if she receives thoughtful consideration, if she gets a thorough training and is treated as a woman, in the very nature of things her soul will sing within her and the patient will receive thoughtfulness, sympathy, and intelligence mixed into his care. If, on the other hand, a nurse receives none of the things which make her happy and contented, but is made to feel that she is a child, more or less under suspicion, unless she is a moral phenomenon, she is going to work out her moods upon her patients. A hospital may not justly expect to recruit into its ranks none but moral phenomena. The best way to get the golden rule into the hearts of the hospital personnel is for the hospital management itself to adopt the golden rule and live by it.

It is quite true that man does not live by sympathy alone. It is the duty of the hospital to see that meals are well prepared and well served, being as warm and tasteful as possible. The rooms should be made home-like. The days are past when the medical profession felt that

germs were roosting on the picture frame, the curtain, casement cloth, etc., just waiting for an opportunity to jump off on the patient. The pleasant surroundings of the patient will go far towards aiding in his recovery. One should get as far away as possible from the institutional idea and make everything as homelike as hospital conditions will permit. It is taken for granted that the hospital will have all proper laboratory and x-ray facilities for skilful scientific care of patients, otherwise it is not a hospital.

The hospital superintendent should endeavour to set aside a portion of each day for the visitation of patients. This takes time, but time can be found if the superintendent resolutely determines to find it. Some patients still come to a hospital with a chip on their shoulder, expecting to be misused and ill-treated, labouring under the thought that the hospital desires only their money. If such a patient is called upon the day of his arrival by the superintendent and in a few words given to understand that it is the hospital's desire to aid him in his recovery in every way possible, making his surroundings pleasant and giving him the best of attention, he is at once disarmed, and he says to himself that things may not be as bad as he had expected.

If that visit is repeated daily in only a short time the patient looks forward to the coming of the superintendent and there is a warm personal feeling existing between the two. Grievances are no longer nursed by the patient, but unless important, are quite likely dismissed with the thought that the untoward happening is not in accordance with the wish of the hospital, but against it. If, however, the grievance is of sufficient importance to warrant attention, the visit of the superintendent gives the patient opportunity to make known his objections directly, and the trouble, whatever its nature, can be adjusted easily and amicably.

Another thoughtful thing for hospitals to do is to provide complimentary meals for an immediate relative of a patient who is critically ill. While this may be a little difficult to arrange in most hospitals it is always very highly appreciated.

Patients should not be forgotten immediately after hospitalization. It is pleasing to the patient and is of value to the physician for the hospital to send follow-up cards, say three months after a patient has left, and again at six and nine months. This affords a patient a welcome surprise in the thought that the hospital is still mindful of his interests for the period of at least one year.

A hospital doing any considerable amount of work among the poor should have a social service department. A nurse from this department should visit the homes of the poor while they are in the hospital to see that those left behind are properly cared for and to aid them, through charitable organizations, when they are in need. She should also visit the patient occasionally upon his return home. Hospitals have it in their power to do much to make this old world better. May God fructify our efforts in behalf of His suffering members and bring us in the end to the goal of our desires.

BIENNIAL MEETING
CANADIAN NURSES ASSOCIATION
July 3rd to 7th, 1928 - - Winnipeg, Manitoba

The Hastings Scholarships in Public Health

There is a unique public health movement on foot in Toronto.

Starting spontaneously at a gathering in Hygeia House, it originated as an effort on the part of private citizens to honour Toronto's veteran medical health officer, Dr. C. J. O. Hastings, by giving some concrete token of their gratitude to him for long years of service.

It was first suggested that a portrait of Dr. Hastings be painted and presented to the city, a proposal which met with the complete approval of the Mayor and City Council.

A committee of outstanding men, both medical men and laymen, undertook to take charge of the effort and the raising of funds to make it possible.

The original suggestion, however, has now broadened out until it has more than a merely local significance, and is a campaign which touches anyone interested in the promotion of public health.

The committee has decided that, in addition to the portrait, several scholarships in public health will be endowed, by public subscription, at the University of Toronto and that these awards will be named after Toronto's dean of health officers.

There will be at least two of them, and possibly more.

So far it has not been decided whether they will be open to undergraduate medical students, graduates who desire to do further research in public health fields, public health nurses or to all three. Nor have details of the way in which the awards are to be made been settled.

The most important feature of the entire affair, however, is the fact that it indicates an ever-growing consciousness of the importance of public health measures on the part of the average citizen and that an effort of this sort, moreover, serves to further impress this on many who may not yet have fully realized it.

The actual campaign is now under way and in it members of the medical profession and public health and welfare workers generally, are playing a major part. In case there should be any who have not yet been informed of the plan, they may secure further details from the Hastings Scholarship Committee, Hygeia House, Toronto.

Subscriptions should be sent to the honorary treasurer, Sir James Woods, 48 Front St. West, Toronto.

Is Codeine a Dangerous Drug?

Sir William Willcox, physician to St. Mary's Hospital, London, discussing the "Dangerous Drugs Acts (Great Britain) and their application by the physician and pharmacist" in a recent address had this to say about Codeine: Is this a dangerous drug, or, in other words, is its use likely to lead to addiction?

In my opinion, Codeine should not be regarded as a dangerous drug. It is a drug that is taken almost always by the mouth, and is not administered hypodermically. In the course of an extensive toxicological experience, I have never met with a case of codeine addiction. I have, during the past twenty-five years, frequently prescribed codeine, usually in combination with other analgesic drugs such as Aspirin, Phenacitin, Pyramidon, etc., for the relief of pain, and have never observed any signs of the development of addiction. The addition of codeine to the dangerous drugs would greatly restrict the use of a valuable remedy, and would cause needless inconvenience and hardship. (Nat. Druggist.)

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss FRANCES REED, General Hospital, Montreal, P.Q.

A Course of Obstetrics for Student Nurses

As Carried Out in the Royal Victoria Maternity Hospital, Training School for Nurses, Montreal.

For many years there has been, among those who are directing medical education, a growing recognition of the great need for a sound knowledge of obstetrics owing to the peculiar urgency for efficient medical care of the woman in normal labor or suffering from any of the serious complications of pregnancy —emergencies which must be faced and coped with immediately if human life is to be saved. As a result of this realization a thorough training is deemed of such vital importance that obstetrics ranks second only to medicine in the essential subjects of the medical curriculum. In view of this fact it would seem that considerable thought should be given to the planning of a parallel course, as regards nursing care of this type of patient, for the student nurse, which should serve to equip her with the necessary knowledge to face situations fraught with many dangers to both mother and child, and give expert nursing care whether under medical direction or when alone and obliged to act at once in order to prevent a disastrous issue.

With this end in view the following course has been planned, and though in many ways it falls short of the ideal, yet it provides a foundation upon which to build a future plan of instruction by means of which we may hope to reach our aim. The length of time for which students come for the course varies considerably. The majority come for three months, whilst others, from training schools giving a short course in obstetrics, come for six weeks or longer. This variance in the duration of the course, together with the enrollment of new classes twice a month throughout the entire year, and the fact that most of the affiliated schools in the city require their students to return not infrequently as many as two and three times a week for lectures, classes or examinations upon other subjects, necessitates frequent and continuous repetition in order to give all students the entire theoretical course properly correlated with the practical experience, and inhibits to an appreciable degree the forming of plans for giving future instruction upon a more extensive scale.

Suggestions and criticisms from readers who are interested in this branch of nursing would be very helpful and keenly appreciated.

OUTLINE OF LECTURES—8 HOURS

Series "A"—2 Hours.

Given by senior teachers on the staff of the University Department of Obstetrics and Gynaecology.

1. and 2.—Pre-natal Examination—

Students given copies of Pre-natal Clinic history sheets to follow as routine examination is carried out on ante-partum patient and significance of procedure explained.
Past and present physical history.
Complete external examination.
Pelvic measurements (external).
Abnormal pelves shown, measured and compared with normal.
Various positions of foetus demonstrated with doll.

Series "B"—6 Hours.

Mimeographed outline of each lecture given to class.

1.—Physiology of Pregnancy—

The pelvis.
The anatomy and physiology of the reproductive organs:
(a) Internal,
(b) External.
Brief resumé of development of ovum.

2.—Pathology of Pregnancy—
Minor complications (briefly).
Major complications:
Hyperemesis Gravidarum.
Nephritis.
Pyelitis.
Pre-eclampsia.
Eclampsia.
Haemorrhage—
(a) Apparent,
(b) Concealed.

3.—Physiology of Labour—
Signs and symptoms.
Three stages.
Mechanism of Labour.
Placenta—
(a) Anatomy and physiology.
(b) Implantation.
(c) Separation.
(d) Expulsion and expression.

4.—Pathology of Labour—
Operations to relieve:
(a) Episiotomy.
(b) Forceps—high, medium, low.
(c) Version and extraction.
(d) Induction—various means.
(e) Vaginal hysterotomy.
(f) Craniotomy.
(g) Caesarean section—various types.
Haemorrhage:
(a) Inter-partum.
(b) Post-partum (primary).

5.—Physiology of Puerperium—
Involution of uterus:
(a) Fundus (descent of).
(b) Lochia.
Elimination of chemical products of pregnancy:
(a) Urinary.
(b) Intestinal.
(c) Skin.
Restoration of general health and strength:
(a) Diet.
(b) Rest.
(c) Exercise.
(d) Mental readjustment.
Progression in breasts:
(a) Anatomy and physiology.
(b) Value of breast-feeding.

6.—Pathology of Puerperium—
Haemorrhage—Post-partum (secondary).
Subinvolution.
Infections:
(a) Cervical.
(b) Uterine.
(c) Blood—Toxaemia,
Bacteraemia.
(d) Lymphatic—Parametritis,
Peritonitis.
(e) Venous—Thrombo-phlebitis.
(f) Breast—Mastitis,
Abscess.

OUTLINE OF CLASSES—18 HOURS

1.—Hospital Routine—2 Hours—
Given to each class before going on duty in wards. The students are given their text-books (Obstetrics for Nurses—DeLee) and also mimeographed notes in detail and with references for study of all that is taught under headings C, D, and E, copies of which are to be found on every ward. The perineal dressing is fully demonstrated on a patient.

a. Short introductory talk on the ground to be covered (practical and theoretical) during the allotted time in the training school, and the responsibility each student must assume towards herself in the building up of her fund of knowledge and experience in this branch of nursing by embracing every opportunity afforded her to learn (e.g., attending ward clinics, following up cases on wards).
b. The new type of patient and the essential qualifications of an obstetrical nurse. The responsibility laid upon each student to constantly teach the patient the proper care of herself and her baby.
c. Definitions of obstetrical terms in common use.
d. The normal patient:—
Ante-partum care—
1. Admission.
2. Preparation for examination.
3. Preparation for delivery.
4. Care during labour (briefly).
Post-partum care—
1. Immediately after delivery.
2. Reception to ward.
3. Bath; temperature and pulse.
4. Urine; perineal dressing.
5. Diet.
6. Sitting up.
7. Purgation.
8. Removing perineal sutures.
9. Convalescence.
10. Discharge.
e. Care of ward equipment.
f. Display and short discussion on all standard treatment trays used in hospital.
g. Visit to a public ward, utility rooms, labour room, delivery room, nursery, administrative office, out-door department, and clothes room.

2.—Care of Breasts—1 Hour—
a. Anatomy and physiology.
b. Ante-natal care.
c. Post-natal care.
d. Disorders (causes, symptoms, treatment).

3.—Binder Class—1 Hour—
Demonstration followed by practice under supervision on the wards—
a. Breast.
b. Abdominal.

4.—The Abnormal Patient and
5.—The Abnormal Patient (Continued)—1 Hour Each—

Mimeographed copies of standing orders. Printed copies of classification, with causes, symptoms and treatment of the haemorrhages due to pregnancy.

Common minor and major complications:

a. Ante-partum } Causes, symptoms, treatment.
b. Inter-partum } Standing orders.
c. Post-partum } Special nursing care.

6.—Nursing Routine—1 Hour—

Given by nursery supervisor. Mimeographed notes of theory.

a. Standing orders for infants of normal and abnormal birth as regards general nursing care and nourishment.
b. Demonstration of infants' daily toilet.
c. Preparation and method for giving gavage and rectal irrigation.

7.—The Premature Infant—1 Hour—

a. Characteristics.
b. Essentials in—General nursing care.
Nourishment.
c. Standing orders.
d. Common disorders: causes, symptoms, treatment.
e. Demonstration of suitable clothing and cot.

Breast Feeding—

a. Advantages to mother and child.
b. Hygiene of the nursing mother and wet nurse.
c. Contra-indications.

8.—Pathology of the New-born Infant—1 Hour—

a. Prophylactic care
b. Pathology—cause, symptoms, treatment. } **eyes, nose, mouth, ears, genitals, cord, skin.**
c. Demonstration on doll of prophylaxis and treatment of ophthalmia neonatorum.

9.—Artificial Feeding of Infants—1 Hour:

Given by dietitian. Mimeographed notes of theory.

a. Complemental and supplemental feedings.
b. Usual ingredients used.
c. Usual quantities given during early weeks.
d. Formulae in common use.
e. Various treatments of raw milk.
f. Comparison of human with cows' milk.

In milk room—

g. Demonstration of preparation of formulae and care of all utensils used.

10.—Labour Room Routine—1 Hour—

Given by delivery room supervisor.

a. Preparation of patient and room for delivery—normal and abnormal.
b. Care during labour and delivery—normal and abnormal.
c. Care of normal infant at birth.
d. Treatment of asphyxia neonatorum.
e. Standing orders.
f. Copies of delivery room history sheets given to class and history of one or more typical cases related.

11.—The District Patient—1 Hour—

a. Short introductory talk on the outdoor service, the type of patient that may have this service, her attendance at ante-natal clinics and the preparation for her confinement, under the direction of the Social Service Department.
b. Proper attitude of the nurse towards patient and relatives on arrival at the house.
c. Preparation of patient and room for delivery.
d. Assisting the doctor.
e. The post-partum care of the patient.
f. The care of the infant.
g. The care of the hospital confinement bag.
h. Demonstration of preparation of bed and room for care of mother and baby employing a hospital confinement bag and other necessary articles such as would be found in the average home.

12.—Ante-natal Care—1 Hour—

Mimeographed sheets of #d given to class.

a. Definition and objects.
b. Obligations of the doctor and the nurse towards the prospective mother.
c. Ante-natal hygiene.
d. Minimum requirements for a confinement in the home.
e. Ethical obligations of the graduate nurse as regards visiting her prospective patient, giving helpful suggestions as to the necessary preparation, and ascertaining that the patient is cognizant of the prevailing rules governing nurses' fees while waiting for an obstetrical case.

13.—Maternity Social Service—1 Hour—

Given by a trained social worker who is also a gradute nurse in charge of the Social Service Department.

Copies of all forms used in this department given to class.

a. Various channels through which the social service worker gains access to the homes of the patients.
b. Objects of her visits to the home.
c. Co-operation with sister organizations in securing medical and financial relief as required.
d. Dealing with the problems of the unmarried mother and her baby.

e. Follow-up work. Value of records. Means of tracing families through other organizations.
f. Instructing and assisting the mother in preparing for the coming baby.
g. Relating to several typical cases of social distress, the relief given in each instance and how accomplished.

14, 15, and 16.—Quizzes.
17.—Examination—Pass 60%.

Illustrative material used during lectures and classes as follows:—

Blackboard; anatomical charts; mannekins; pelves; foetal skulls; plaster models of the female reproductive organs, cross-sections of the reproductive tract at various stages of pregnancy, normal and abnormal foetal heads; drawings and preserved specimens (foetal and maternal, normal and pathological) as related to subject; obstetrical instruments, induction bags, etc.; and for Lecture No. 3, essential delivery room equipment and a fresh placenta for dissection. In the class-room there is a reference library, several nursing periodicals are subscribed for and two large tables are fitted with library lamps and desk sets for the use of the students.

Clinics

1.—Ward—

During the university year ward clinics are held four days a week for the medical students, and whenever possible the student nurses attend. During the summer clinics are held, five to six per month, especially for the student nurses, and attendance, if relieved from duty, is compulsory. These clinics, given by the doctors upon patients carefully chosen for the educational value of their cases, have proved highly successful as judged by the large attendance and keen interest displayed by the students. Occasionally the clinic takes the form of "ward rounds," and visits will be made at the bedside of several patients so that the various stages of the puerperal state can be closely observed by the students, and they can learn the reasons for giving hospital care to any antepartum patients on the ward.

2.—Ante-natal—

Students are sent in turn to attend the daily ante-natal clinics in the Outdoor Department, and when possible are given some practice under supervision in making ante-natal examinations. This, however, is usually done on indoor ante-partum patients.

Ward Duty

Practical experience is arranged so that each student will be given day and night duty, private and public wards, three weeks nursery, with some experience in making artificial feedings; two weeks delivery room, during which she attends district confinements. Some students receive two weeks' duty on district service, during the morning giving bedside nursing care under supervision to the patients confined by the hospital staff and during the afternoon attending the ante-natal clinics.

Records

Experience cards are given the students on entering the training school, and these, properly filled in, together with all longhand and mimeographed notes, are checked by the instructor at time of examination and later returned to the student with her corrected paper and grade.

Reports are sent to the training school office upon each student's work as she leaves for a new post of duty in the hospital. A summary of these reports gives the student her efficiency grading at the finish of the course.

Supervision

By Day—A graduate nurse is in charge of each ward, nursery and delivery room, also the outdoor department. The instructor spends a part of each day, either morning or afternoon, varying from ½ to 3 hours, supervising the practical work of the students, and where indicated giving bedside instruction.

By Night—The night superintendent and two assistants make regular rounds on the floors.

Within the past few months a number of moves have been made among the superintendents of the Ontario Mental Hospitals.

Dr. Edward Ryan, superintendent of Rockwood Hospital, Kingston, was appointed as medical director of the Ontario hospitals.

Dr. Bernard T. McGhie, who has been superintendent of the Westminster Psychopathic Hospital (D.S.C.R.), London was made superintendent of the Ontario Hospital at Orillia.

Dr. Sydney J. M. Horne, who also was on the staff of the Westminster Psychopathic Hospital, will act as Dr. McGhie's assistant.

Dr. J. M. Forster has retired from the superintendency of the hospital at Whitby and been succeeded by Dr. George H. Stevenson.

Dr. W. C. Herriman, of Orillia, has been promoted to be superintendent of the hospital at Cobourg.

Dr. T. D. Cumberland was made superintendent of the Ontario Hospital for Epileptics at Woodstock when Dr. J. J. Williams was transferred to the Ontario Hospital at Hamilton, succeeding Dr. English, who was transferred to the hospital at Brockville to fill the vacancy created by the death of Dr. McNaughton.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, P.Q.

An Epidemic of Roseola Infantum

By H. B. CUSHING, M.D., Montreal

The disease known as roseola infantum has only been generally recognized within the last few years. Although scattered references to it occur in the literature, it was first accurately described by Zahorsky in 1910, and again in 1913. His account seems to have attracted little attention, and it was not until 1921, when a fresh series of cases was reported by Veeder and Hempelmann under the name of exanthem subitum that the disease won general recognition. Immediately after this, cases were recorded from various points in America, from Europe and Asia, but even yet the disease is not included in many of the most modern text-books.

Nevertheless, once its characteristics have been pointed out, it is one of the most clear-cut and definite of the eruptive diseases. Its occurrence in young infants, and the striking course of development of the symptoms are unmistakable. There is the abrupt onset, three or four days of high fever with little constitutional disturbance, followed by a crisis, and then the appearance of a rash. The eruption only lasts two days, but is almost always profuse, and very similar in all cases. It strongly resembles German measles, and in fact has usually been diagnosed as such in the past, but the history of the prodromal fever immediately distinguishes it. It must be of very frequent occurrence for all writers report 20, 30 or 40 cases all seen within two or three years; in fact, it is probably the commonest exanthem occurring in infants under two years, with the possible exception of measles and varicella.

There are only two points to which I wish to call attention in the present communication. The first is the age of the patients affected. The vast majority of the reported cases have been between the ages of 4 and 18 months. In fact, of several hundred cases recorded only four or five have been over 2 years, and it is possible that in these there was a mistake in the diagnosis.

The second point concerns the nature of the disease and whether it is contagious. A considerable difference of opinion on this point seems to have arisen. In his original description Zahorsky says: "The disease is not contagious; only in one family did more than one case occur. The comparative isolation of these young children renders the assumption of a contagion almost impossible." Veeder and Hempelmann in their classical description state: "So far as we have been able to observe, the disease seemingly does not belong to the ordinary group of exanthems in childhood transmitted by direct contact."

On the other hand, Porter and Carter in the last edition of their text-book say: "The disease is mildly contagious." The last edition of Holt and Howland's text-book states: "Nothing is known regarding the infective agent, and lesions produced

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or the method of propagating. It appears to be very slightly contagious, for not more than one child in a household is attacked at the same time." Griffith and Mitchell in the edition of their work just issued say: "Its nature is not certainly determined. Infectiousness must be slight, since in none of the published cases has there been more than one case in a family." David Levy in a report of a number of cases says: "The cases which number approximately 30 have in some instances occurred sporadically; in other instances four or five cases have grouped themselves in a manner suggestive of mild epidemics. In no instance, however, could one case be traced to another as evidencing communicability." Heiman in his admirable review of the literature of the disease in 1925 says: "No case has ever been seen by us or anyone else which could be related to another known case. It is this surprising freedom from contagion that is one of the most conspicuous features of the disease, and one which makes the incubation period a mystery, and makes it exceedingly difficult to clinically arrive at the solution of the etiology." Brown and Tisdall in their recent *Common Procedures in Paediatrics* say flatly: "The disease is not contagious."

It is this confusion and uncertainty which has led me to report the following series of cases which were observed last year in the wards of the Montreal Foundling and Sick Baby Hospital. I may here state that the Montreal Foundling Hospital accommodates about 70 infants all under three years of age, and is divided into separate wards of about 10 patients each of approximately the same age.

The first case, Orman H., was an infant of four and one-half months, admitted to the hospital January 24, 1926, and placed directly in a ward containing nine other infants all between the ages of 4 and 12 months, no precautions to prevent possible infection being taken. On January 29th, five days after admission, he suffered a sudden, inexplicable rise of temperature to 103°. The temperature remained elevated for three days and on February 1st a crisis occurred followed by the appearance of the characteristic rash covering the entire body and lasting for two days.

Albert B., 10 months of age, who was in the same ward all this time, became ill February 8th, just ten days after the first case. He also had three days' fever with a fall of temperature on February 11th, followed immediately by a similar eruption. About ten days later a group of three cases occurred together. Hugh B., 10 months of age, had a rise of temperature on February 15th. Ernest W., 5 months, on February 17th, and Gerald F., 10 months, on February 18th. Each of these had the characteristic three or four days' fever followed by a crisis and the same eruption. The last case, Harry C., 12 months of age, was taken sick on March 5th, with a crisis and eruption on March 7th.

All these cases were unmistakable, typical and similar. They were seen by all the staff of the hospital, who concurred in the dignosis. They were all in the same ward; thus out of 10 children in the ward six developed the disease with an apparent incubation period of approximately 10 days. The disease did not spread to any other ward in the institution, although, as I have said, there were 70 infants in the house and no serious precautions were taken to prevent it.

It would appear from this occurrence that we may state definitely that roseola infantum is a mildly infectious disease, with an incubation period of about ten days. It confines itself in its typical manifestations to infants between the ages of four months and two years. One rarely sees more than one case in a family because it is rare to have more than one child of the susceptible age in the household. It is probably conveyed by carriers of other ages who do not react the same way to the infection.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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The Advantages and Disadvantages of Standardizing Nursing Technique from the Point of View of the Public Nurse

By ELIZABETH SMELLIE, Chief Superintendent, Victorian Order of Nurses for Canada

The word "standardization" as commonly used refers to "that which is established as a rule or model." In so far as nursing is concerned, it might be defined as the general acceptance of certain methods of procedure which on the whole have proved good.

Among the arguments in favour of standardization from the point of view of the public health nurse are these:

The outlining and adoption of a minimum standard of excellence below which work shall not fall means that it will be carried on in accordance with the very best methods that have been worked out by a nursing organization, as a result of past experience; and that those receiving nursing care will consequently be assured of better service.

Standardization of technique adds to the teaching value of a nurse's work in the homes. With practise its execution becomes automatic, the mind is relieved, and thus more attention can be devoted to the opportunities presented for health teaching.

A manual of procedure is invaluable for reference, particularly when a nurse is working alone, with infrequent supervision and possibly without special preparation for the work in which she is engaged.

Recognizing the fact that the individuality of a nurse may contribute to her success in her work, nevertheless a measure of uniformity of practise on a staff, subject to change, makes it easier for both patient and nurse when substitute visits have to be arranged for.

Time is saved which can be used effectively in the development of newer fields of work.

Supervision is more helpful. With uniformity of procedure less attention needs to be given to instruction as to detail of nursing technique, and increasing emphasis is placed on the content of a nursing visit. An outline of procedure is of educational value to a local board. Through reference to it they become familiar with the problems connected with the nurses' daily work, the necessity of maintaining high educational and professional standards, of the arrangements necessary for the regulation of hours of duty, of time for recreation, holidays, etc.

On the other hand, while from the public health nursing point of view, standardization undoubtedly presents advantages, no manual of instruction can serve as a permanent or infallible guide. Constant reexamination and revision is necessary, and if question is raised on any point as to its soundness or present utility, discussion should be reopened. Even a good method may not suit every locality. Loose leaf booklets have been recommended because individual sheets may easily be replaced. Initiative should be encouraged and sympathetic interest and consideration given to suggestions brought forward by staff mem-

(A paper read before the International Council of Nurses, Interim Conference, 1927.)

bers. Otherwise development of a better method of procedure may be hindered or completely overlooked. It may interest you to hear of our personal experience gained as a result of assisting in the preparation of a nursing manual for the use of Victorian Order nurses in Canada.

As its chief superintendent for the past three years, one thinks in terms of a national voluntary organization carrying on a visiting nursing service in Canada, with sixty-seven centres dotted over a wide territory, with local associations of various ages and sizes carrying on the work, and with nurses on duty under widely diverging conditions. There is practically local autonomy in these districts; the nursing service is administered directly from the central office. The distance between the extreme centres east and west is in the neighbourhood of three thousand miles. There are no provincial or county subdivisions, effort being made to link up through supervision the individual districts to the national office rather than to decentralize, although provision is made in the royal charter for provincial autonomy when necessary.

At one time, until 1921 in fact, the Victorian Order maintained training centres in Canada, and all nurses taken on strength were assigned first to these centres for district training under supervision. When public health nursing courses were established in 1920 at several of the Canadian universities, decision was made to give up training centres and instead to award scholarships to nurses to enable them to take the post-graduate training in public health nursing now offered by several universities, east and west. These students then had their field work with the different health agencies in each centre, and a term with the Victorian Order was included. This field work (or practical experience) had to be fitted in with the university programme, which in itself created a problem, as being a new development it was not always easy for the directors of the course to arrange to have practical experience in the recommended proportion fit in with the university curriculum. Each year, of course, the situation has improved.

In so far as the Victorian Order was concerned the change made in 1921 was too abrupt and done without sufficient preparation. Though thirty-two scholarships were given that first year and a number yearly since to selected candidates, the supply of nurses with public health training has never yet been sufficient to meet the demand, and effort has continually to be made to cope with the situation in different ways: through staff education, or sometimes with only a brief period of supervised experience on one of the larger city staffs for nurses applying to us for duty.

In 1921, as a result of a nurses' conference held in our national capital, Ottawa, and when its need was urgently stressed by those present, it was d e c i d e d that a manual of nursing procedure should be prepared for the use of Victorian Order nurses. Later, help was sought from various sources at home and abroad, and for two or three years occasional conferences were held of representatives from the central office staff, and from the larger and smaller districts near by. Progress was slow for various reasons. It was also sometimes difficult to arrive at a conclusion because the majority of the nurses participating had been trained in different hospital training schools, and practically all had served with district nursing organizations in England, the U n i t e d States or at home, and like all other nurses, had definite ideas as to procedure. Eventually, however, the material was collected and tabulated and at a gathering of nurses from coast to coast, held in the autumn of 1924, the copy was gone into carefully again, and on many points there was further discussion. Our nursing manual was published in January, 1925.

Later, in the spring, a special supervisor was appointed to devote exclusive attention to the field work with our organization of all students taking public health training at the central universities. This was not an ideal plan but it had good results and served to demonstrate the necessity of greater emphasis being placed on the responsibility assumed in giving field work experience, without due attention being paid to the supervision of students' work. This same factor existed with regard to affiliations with local hospitals, in some cases already in operation for two or three years. After one year, the local Victorian Order organizations in these university centres previously referred to, took over this responsibility themselves and more definite attention was given to supervision.

As we had delved deeper into the preparation of the manual this fact had faced us: Was not part of the technique of the public health nurse's preparation her approach to people, her attitude towards her work, her relationship with others, her powers of observation of community needs, her capacity as professional adviser to her committee? Consequently, the Victorian Order in a lesser degree, as did the N.O.P.H.N. on a more extensive plan, later found it necessary to include in its manual such subjects as principles of public health nursing, policies, general aims, relations with the medical profession, with other health and social organizations, matters of personnel, staff administration, equipment, hours on duty, as well as of actual nursing procedure.

Within a few months of its publication results were noticable. The nurses on the whole felt more satisfied. The supervisors had now something tangible on which to base their instruction, they felt their visits were more helpful, and even although all centres had more or less to modify their existing plan, it meant there was more uniformity in teaching students who came to us for field work from the various universities and affiliated hospitals, as well as for those reporting for staff duty. Also, in transferring nurses from district to district there was less confusion in their minds as to how to proceed, and certainly on the whole it contributed to the greater satisfaction and better nursing care of the patients: especially where there were frequent changes of personnel. It was never expected that decisions worked out as to methods would be final, or that discussion and conference by staffs and supervisors would not reveal weaknesses which should be corrected; nor that a routine too cumbersome might not need to be simplified. Neither is it felt that a definite conclusion can be reached at the present time as to the positive and universal advantage of standardization of technique in public health work. Too much of this is still in the experimental stage. The advance in medical science, the means presented for further preventing needless disease, and promoting better health, and the interesting times we live in, seem to make final conclusion an impossibility.

Last year, 1926, the N.O.P.H.N. published their manual of public health nursing and it has been interesting to learn of their experience and of the reasons leading up to its production. Miss Brownell tells us they began by collecting manuals from all organizations which they knew had such pamphlets, as well as the material which had been assembled for the visiting nursing study. First, drafts were sent to their executive and the sections on special phases of public health work submitted to the best known nurses doing that type of work. These sections on special phases were also submitted for criticism to other national health organizations — the National Tuberculosis Association, the National Committee for Social Hygiene, etc. Their comments were then incorporated into a new draft

which was later sent to the N.O.P.H.N. executive committee for final approval. This action had been taken because of repeated requests for a manual which would include policies of administration as well as of nursing technique, which could be used as a guide throughout the country (and one may say abroad). Indeed many organizations had felt the need of such a guide but had delayed their preparation until this was available.

Then too, as local boards, whether official or voluntary, and nurses in the field are jointly responsible for the carrying on of the work, the efficiency of the service, and the place it occupies in the community, is not the question of standardization a consideration if not a matter of equal interest to both groups? Can one proceed far in advance of the others?

These bodies as well as public health nurses are now realizing the value of pooling their experience and of conference from time to time to discuss their mutual problems and methods of dealing with them. A very successful institute for board members was recently held in New Haven, Connecticut. During the conference the importance was stressed of an educational committee being appointed in each association to consider methods and opportunities for educating its board ("as well as itself"); also for study of Miss Gardner's "Public Health Nursing" and of current reading in the various health magazines. Mrs. Winslow, secretary of the committee arranging for this meeting, in referring to one of the outstanding problems of nursing associations, states: "Having raised the funds and chosen the technical expert, what else has the board to do? It must direct general policies, while not interfering with professional standards. It must represent the view-point of the community and determine, after receiving the advice of its expert, what is most important to be done and what the community at the moment can afford to do. It must maintain contacts with other local social forces and it must aid and strengthen its director at every step in her difficult task. The most effective boards realize that they and their nurses are in a co-partnership and that, together, they operate the association, both having separate, real and yet allied functions." (The Survey, May 15, 1927.)

Then one word as to the public health nurse herself and her preparation for the task which awaits her. Possibly you may have read a statement made by Miss Fox recently. "A nurse is not born with the public health view-point, neither does she have it on graduation. She must acquire it through special study and experience, and if she has not an open mind and certain other qualifications she is not going to do it."

In a paper on "The Objective in the Training of the Public Health Nurse" by Miss K. Russell, director of the Department of Public Health Nursing of the University of Toronto, given at the Canadian Public Health Association meeting in June, the last paragraph sounded a word of warning:

"In closing this consideration of the training of the public health nurse there is just one final plea that I would make, and that is that we avoid an undue emphasis upon standardization. Our resources are limited enough; let us see to it that we use them all. We should realize that there must be many ways of approaching our task, that none are yet proven, and therefore all are experimental. Let us continue then with all that seems reasonably good, just making sure that our experiments are controlled and conducted as far as possible with scientific precision. In time we shall learn to define our problems clearly, the essential factors will be disentangled from the incidental, and our various schools will arrive, mayhap by devious routes, at the same objective point of a satisfactory preparation for the public health nurse."

News Notes

ALBERTA

Calgary: Miss Tena MacKay (N/S) has returned from Chicago and accepted the position of night superintendent at the University Hospital, Edmonton.

Miss Greig, assistant superintendent of the Provincial Orthopaedic Hospital, Edmonton, spent Christmas in the city.

Miss M. McInall has accepted a position on the staff of the Hanna Municipal Hospital.

Miss Hay has been appointed to the position of night superintendent at the Calgary General Hospital. The position was resigned by Miss Lillian Kerr on her recent marriage.

Miss Kathleen Holmes has accepted a position on the staff of the Nanton Hospital. Miss Lucy Wilson has been appointed night superintendent at Drumheller Hospital. Miss Marion Cousins has joined the staff of the new Provincial Orthopaedic Hospital, Edmonton.

The many friends of Miss M. Molloy much regret her very serious illness.

BRITISH COLUMBIA

Vancouver: The monthly meeting of the Vancouver Graduate Nurses Association was held in the Nurses' Home of the Vancouver General Hospital on December 14th at 8 p.m., the president, Miss Ewart, in the chair. The minutes of the last meeting were read and new business discussed. Opinion was divided on the subject of providing a playground for the children in the crêche, some members considering such provision the duty of the city and outside the province of the Association. Business concluded, Miss Elizabeth Smellie gave a most interesting talk, regrettably short owing to the fact that a special programme had been prepared by the private duty nurses to celebrate a shower for Miss Munslow, whose wedding was arranged to take place early in January. The whole programme was well carried through and the gifts varied and numerous, without any duplicates. Following the shower refreshments were served in the rotunda of the home and the party dispersed, after a most enjoyable evening, saddened a little by the thought that they were losing their efficient and ever ready secretary.

MANITOBA

Winnipeg General Hospital: Miss M. Macrae, 1911, has resigned her position on the staff of the Bureau of Child Hygiene, Winnipeg, and has left for California.

Miss Grace Bedford, 1920, has accompanied her father to Florida for the winter months.

Miss C. Thom, 1909, has been called to Trail, B.C., owing to the illness of her sister.

Miss Lillian Arnold is a new member of the staff of the Social Service Department, W.G.H.

Miss A. F. Mitchell, 1914, has left for Revelstoke, B.C., to take charge of the hospital at that place.

The friends of Miss M. Musgrove, 1918, regret to hear that she has been ill and in the hospital for some months.

At the last meeting of the Alumnae Association it was decided to make the journal, which has been published every three months, an annual number.

NEW BRUNSWICK

ST. STEPHEN

Chipman Memorial Hospital: Among those who successfully passed their registration examinations were the Misses Alyce McConnell, Rosa Madson, Helen Mowatt, Eileen O'Brien, Jennie Sinclair and Estelle Gibbon.

Miss Hazel Darker, surgical supervisor, is spending a well-earned vacation at her home, Sherbrooke, P.Q.

Miss Bessie Banfill, night supervisor, spent Christmas at her home at Sherbrooke, P.Q.

Misses Edna Harvey and Alyce McConnell have gone to Ste. Agathe, P.Q., to take a post graduate course in tuberculosis nursing.

Miss Marie Kirkpatrick, anaesthetist, spent Christmas at her home, Rothesay, and the Misses Nellie Spinney and Loie Mersereau were at Hoyt, at the latter's home.

Sincere sympathy is extended to Miss Bessie Budd, superintendent of nurses at Yonker's Homeopathic Hospital, who has been called home by the death of her father.

Miss Gertrude Hughes has returned after having spent some time at her home in Devon.

Misses Helen Mowatt and Ruth Hagerman have returned to take up private duty nursing, after having spent a few days in Woodstock.

SAINT JOHN

General Public Hospital: On December 31st, 1927, Miss E. J. Mitchell was presented with a beautiful silver tray and handsome three-piece silver tea service on her retirement from the position of matron, after thirty years of devoted

service to the hospital. The tray, a gift from the indoor and outdoor staff, was handed to Miss Mitchell by Dr. J. M. Barry, who spoke in terms of highest appreciation of her service to the hospital. Miss Margaret Murdoch, superintendent of nurses, made the presentation of the three-piece silver tea set on behalf of the nurses and dietitians. During her connection with the hospital Miss Mitchell has seen its services greatly extended and its nursing staff increased from 12 to 70.

NOVA SCOTIA

Halifax: The Halifax Local Branch, R.N.A.N.S., at the regular meeting on October 11th, 1927, decided to honour Dr. John Stewart by recognizing in some way the 50th anniversary of his entry into the field of medicine. This desire eventually took the form of an endowed cot in the Children's Hospital for one year. A beautifully illuminated address was presented to Dr. Stewart, couched in words that told him of the high regard in which he is held by the Association.

The graduating exercises of the Victoria General Hospital were held at the School for the Blind, Tuesday, November 22nd, 1927. Thirteen nurses received diplomas. Miss Gertrude B. Konig, of Sydney, and Miss Lillian S. MacInnes, of Imperoyal, were awarded prizes for general proficiency. The others graduating were the Misses Vera J. Dauphinee, of Hacketts Cove; Addie M. Smith, LaHave; Marie K. Richards, LaHave; Dorothy I. Miller, Lunenburg; Bessie M. Mont, Halifax; Mary E. MacDonald, Gabarous; Marian L. Ripley, River Herbert; Jessie M. MacLeod, Stellarton; Marion L. Conrad, East LaHave; Lydia A. White, Noel Road, and Hazel L. Kennedy, of Joggins.

The Hon. Mr. G. S. Harrington presented the diplomas and delivered a very interesting address, as did also Dr. A. R. Cunningham, Rev. Father E. McManus, Hon. J. F. Fraser, and Mr. W. W. Kenny, superintendent of the hospital.

Christmas holidays were spent by Miss A. Edith Fenton visiting her parents in Toronto; Miss Gertrude J. Crosby joined her parents at Port Morien, C.B.; Miss Marjorie E. Treffry was with her sister at Truro, and Miss Agnes D. Carson visited her sister at St. Andrews, N.B.

The Halifax Branch R.N.A. of Nova Scotia extends sincere sympathy to Miss E. O. R. Brown in the loss of her father, and to Miss Gertrude J. Crosby in the loss of her sister.

The many friends of Nursing Sister Laura M. Hubley will regret to learn that she met with a painful accident shortly after arriving at London, Ontario, and express sincere wishes for a speedy recovery.

ONTARIO

At the request of the provincial publication committee, the editor of The Canadian Nurse has written the superintendent of every hospital in the province urging an increase in the number of magazines provided for the use of the student nurses. Many of these younger nurses may be dependent upon the magazine alone for information about the coming international conference. The inspiration of that conference should not be lost to them.

DISTRICT 4

Hamilton General Hospital: Early in 1927 the Alumnae inaugurated a Mutual Benefit Association, membership being open to all members of the Alumnae in good standing. The payment of the initial fee of $10.00 and an annual fee of $2.00, entitles members of the Association to free hospital care for a period of eight weeks, or $5.00 a week for a period of eight weeks under medical care at home. Members become eligible for benefits six months after the date of joining the Association. To date the response has been most satisfactory and there are now close to one hundred and twenty-five members. It is hoped that every nurse will realize and appreciate the benefit of such a splendid undertaking as the Mutual Benefit Association and give it the support it deserves. Miss Lila Hack, 25 West Avenue South, has kindly consented to act as treasurer.

On November 29th the Alumnae held a dance and bridge, the success of which was most gratifying to the committee in charge.

Her many friends will regret to learn that Miss Annie Black is confined to the hospital, where she is slowly recovering from a serious operation. Mrs. Agnes Haygarth and Miss Flossie Armstrong are convalescing from recent operations: the latter at her home in Midland.

We regret to report the death of Miss Lillian Breay, who commenced training with the 1915 class, but owing to ill health was unable to complete her training.

Miss Ida May Gardiner left on January 8th for Haileybury, en route for Redditt, where she will take charge of a Red Cross Outpost. Miss Tilden is now at the Outpost at Thessalon. Miss Hobden and Miss Kemple have accepted positions in the Parry Sound and Guelph General Hospitals, respectively. Miss F. Nancekivell has accepted a position in connection with a United Church Mission in the west, and Mrs. Kathleen Wythe one on the Board of Health in Hamilton.

Miss K. Lane is spending the winter in California, and Miss Jessie Duncan with friends at Port Huron.

Dr. and Mrs. Alvin Stewart (Violet Forman) have returned from Europe,

where they spent two years, and are now living at Port Perry.

The following nurses are engaged in private duty nursing: Misses Annie Kerr, Muriel Booker, Edith Carbert, Mrs. Moriarty (Carrie Boyce), and Miss Gladys Taylor—the latter in Fort William.

Brantford: A well-attended meeting of the Alumnae Association of the Brantford General Hospital was held in the Nurses' Residence of the hospital on January 3rd, 1928. After routine business had been transacted Miss Arnold favoured the company with a pianoforte solo. The serving of refreshments brought to a close a very interesting meeting.

Miss Edna Clarke, of Boston, Mass., spent Christmas with her parents in Toronto. Mrs. Buckley (Ida Isbister) spent the Christmas holidays with her parents in Brantford.

Mack Training School, St. Catharines: Miss Annie Calvin is spending a few months with her sister, Mrs. Buschler, of Chicago, who is also a graduate of the Mack Training School.

DISTRICT 5

Toronto

Toronto General Hospital: Miss Nellie Doig, 1927, has accepted a position on the staff in charge of an operating room.

Miss Clara Wheatley, 1920, has resigned from the staff and is leaving shortly for Los Angeles. Miss Bertha Woolford, 1917, is succeeding Miss Wheatley as night supervisor of the Private Patients' Pavilion.

Miss Brown, of the Out-Patients' Department, has been granted six months leave of absence, and is being relieved by Miss Phyllis Mosley, 1927.

Miss June McKelvey, 1927, will be in charge of Ward "T" until Miss Grace Delahey, who had the misfortune to break her ankle, is able to return to duty.

Wellesley Hospital: At the October meeting of the Alumnae Association Dr. Hipwell gave a very interesting address on diabetes.

Six Wellesley nurses are leaving shortly to do private duty nursing in New York and Washington. Partly in their honour, a dance was given at the King Edward Hotel on January 9th.

Women's College Hospital: The Alumnae of the Women's College Hospital, Toronto, combined social and professional interests when they held a Hope Chest contest recently. A substantial sum was added to Alumnae funds.

Toronto Western Hospital: The monthly meeting of the Alumnae was held in the Nurses' Residence on December 13th, and was very well attended. The financial report for the year ending December was submitted by Miss Marjorie Agnew, secretary-treasurer, and the social report by Miss Grace Ryde, recording secretary. The business of the evening completed, refreshments were served.

The annual Christmas party for the patients attending the Out Patients' Department was held on December 30th. The Alumnae donated $35.00 to this much appreciated entertainment.

Friends of Mrs. Victoria Ross (Victoria Bender) will be pleased to hear that she is recovering from her very serious illness, and that Miss Flora Geiger, 1921, who recently underwent an operation for appendicitis, is now convalescing at her home in Brockville.

Miss Ethel Grose, 1923, is doing industrial nursing with the Canadian General Electric Company during Miss Geiger's absence. Mrs. Elizabeth Duff, 1920, is acting temporarily on the staff of the Nursing Division of the Toronto Health Department. Miss Winifred Walker, 1925, is school nurse in Fairbanks Township, near Toronto, and Miss Thelma Lowrey, 1924, has returned from Buffalo, where she was engaged in hospital work, and has resumed duty with the Toronto Health Department.

Grace Hospital: At the January meeting of the Alumnae Miss Florence Emory, assistant director of the Department of Public Health, University of Toronto, gave a splendid address on Some Impressions of Nursing and Health Activities in England and France. The February meeting will be a social evening in the form of a "bridge," and will be held at the Sherbourne House Club.

Miss Hilda Vohmann has left North Bay and is now continuing her work with the Victorian Order of Nurses in East York.

DISTRICT 6

Peterboro: The twentieth annual meeting of the Nicholl's Hospital Alumnae Association was held at the Nurses' Residence Argyle St., on November 23rd, when Miss F. Dixon was re-elected president of the Association. A hearty vote of thanks was tendered Mrs. Leeson and staff for their kind and never-failing hospitality during the past year, after which Miss Dixon was presented with a lovely bouquet of roses, in which a diamond bar pin was cunningly concealed. Dr. Fraser, of the Peterboro branch of the Provincial Laboratory, gave a most interesting and instructive address on the Social Side of Venereal Diseases. At the conclusion of the address tea was served.

DISTRICT 7

Brockville: The quarterly meeting of the district association was held at the Brockville General Hospital in November. The next meeting will be held on January 23rd, at the Kingston General Hospital.

Miss Myrtle MacMillan, R.R.C., has accepted the position of superintendent of Smith's Falls Hospital.

Brockville General Hospital: During the past year the Alumnae Association has contributed to the refurnishing of the nurses' reception room and has purchased an x-ray machine (bedside unit) for the hospital. The funds were raised by successful dances held in February and November.

The regular meeting of the Alumnae on December 6th was the occasion for a delightful shower given by the staff and Alumnae friends of Miss Jessie Harold, nurse technician in the x-ray department, who resigned in October.

Kingston General Hospital: The Alumnae has decided to contribute $1,000.00 for the furnishing of the class room in the new Nurses' Residence. This room was opened with a Christmas tree celebration on Christmas Eve and a musical evening Christmas week.

Misses Violet Steele, 1927; Gertrude MacLean, 1927, and Violet Sansome, 1927, are doing general duty at Willard Parker Hospital, New York City.

Mrs. Herbert Burleigh (Dorothy Howard, 1922), of Newton Falls, N.Y., visited in Kingston in December. A delightful miscellaneous shower was given the recent bride by Mrs. Lionel MacKay (Gertrude Fitzsimmons).

Miss Gladys Ranous, 1926, has returned from New York to private nursing in Kingston. Miss Lavina Ballantyne, 1926, is on duty at the Willard Parker Hospital, and Miss Keitha McQuoid, 1927, the Memorial Hospital, Medina, N.Y. Miss Olive Lawson, 1927, is operating room nurse at the Memorial Hospital, Medina, and Miss Gladys McBroom, 1927, is on the staff of the Smith's Falls Hospital.

Miss Olivia M. Wilson, ward supervisor, who has been granted two months' leave of absence, is taking a trip to Bermuda.

Hotel Dieu Hospital: The regular meeting of the Alumnae was held in the Nurses' Residence on November 1st, and a successful bridge party in St. Joseph's Hall on November 8th, when news was gathered of the membership.

Miss K. Donaghue is doing private nursing in Brooklyn, N.Y., Miss Mary McLennan in Pontiac, Michigan, and Miss M. Cavanagh, Miss A. Hilton and Miss C. Fowler, in Montreal. Miss Myrtle McDonald, 1926, has returned to Kingston from private duty nursing in Montreal.

Miss May Gibson, 1916, is superintendent of St. Joseph's Hospital, Hamilton; Miss Phyllis Baillie is night supervisor in St. Mary's Hospital, Montreal; Miss Agnes Dungan, 1924, is with the Manhattan Eye and Ear Clinic, New York; Miss U. Buckley with the Henry Ford Hospital, Detroit, and Miss K. Freeman with the Hartford Hospital.

Miss Anna Cunningham, 1917, is doing social service work in Detroit.

QUEBEC

QUEBEC

Jeffery Hale's Hospital: At the December meeting of the Alumnae Association Dr. W. H. Delaney gave a very interesting lecture on high blood pressure.

Miss Ethel Forrest, 1916, presented the Alumnae Association with a donation of $100, which the members feel very grateful and thankful for.

MONTREAL

Royal Victoria Hospital: Miss C. Hodge, 1922, has recently returned from Australia, where she has been nursing for over a year.

Miss I. Goodearle, 1924, has taken a position at Twillingate Hospital, Labrador.

Miss Winifred Wallace, 1918, who has been in charge of the Out-Patient Department, has recently resigned and is now in Miami, Florida. Miss Smallman, 1925, is now in charge of the Outdoor Department, with Miss Helen Sharpe, 1927, as assistant.

Miss K. Hill, 1922, recently at the Public Hospital, Fredericton, N.B., is in charge of Ward "L" (urology), and Miss Burdon, 1925, is now night supervisor of the New Pavilion.

Miss Clara Prescott, 1922, is taking the course at McGill University this year.

Miss Edith B. Hurley, professor of nursing at the University of Montreal, gave a very interesting address on her trip to Europe at the December meeting of the Alumnae Association.

The R.V.H. Table at the Nurses' Bazaar, held in the Ritz-Carlton last month, realized the sum of $1,096.00.

The annual meeting of the Alumnae was held on the evening of January 11th in the Nurses' Home. Officers were elected for 1928 and other business transacted.

Montreal General Hospital: All members of the Alumnae extend a hearty welcome to Miss Mabel K. Holt, 1919, as lady superintendent of Montreal General Hospital, and wish her every success in her new field of work. Miss Holt has always been a special favourite among the nurses, both graduate and undergraduate.

At the annual meeting of the Montreal Graduate Nurses Association, January 10th, members of the Alumnae elected to office for 1928 were: Miss Caroline Barrett, president; Miss Agnes Jamieson,

second vice-president; to executive committee, Misses Christina Watling, Amy DesBrisay, Margaret Macfarlane, Margaret Lawrence, Evelyn Hamilton and Esther Lewis.

Misses Hilda Little, 1923, and Ida Heney, 1924, have gone to Bermuda to do private duty nursing.

Many M.G.H. graduates spent their Christmas holidays at their respective homes.

Miss Dorothy McCarogher 1923, who is attending Columbia University, spent the holiday season with friends in Montreal.

The members of the Alumnae extend sympathy to Miss Martha Armstrong and Mrs. Ernest Delaney (nee Mina Barry), in the loss of their mothers.

Miss Doris Lewis, 1926, has been appointed to the staff of Grand'Mere Hospital, Grand'Mere, P.Q., as night supervisor, and Miss Evelyn Horsfall, 1925, is doing floor duty in the same institution.

Miss Edythe Ward, 1923, has accepted the position of assistant superintendent. Miss Marie LeBlanc, 1927, has succeeded her as charge nurse of Ward J. Miss Dorothea MacRae, 1927, is engaged on floor duty.

SASKATCHEWAN

Wadena: After seven years' service as matron at the Union Hospital, Miss N. Storey has found it necessary to sever her connection with the hospital to reside with her parents in Winnipeg. Presentation of a handsome travelling bag was made by the hospital board and a diamond brooch by the ladies' hospital auxiliary and community, accompanied by addresses expressing their esteem and appreciation of Miss Storey's past services. Miss K. Gregory, assistant matron, succeeds Miss Storey as matron. Miss Storey and Miss Gregory are graduates of the Brandon General Hospital, 1914 and 1913 respectively.

The nurses in Ontario will be interested in the following statistics which have been prepared by the secretary of the Registered Nurses Association of Ontario:

	Nurses Registered	Members of R.N.A.O.	Subscribers to Magazine
District 1	1,001	215	102
District 2 } District 3 }	699	64	97
District 4	422	200	264
District 5	2,109	465	549
District 6	261	47	50
District 7	279	52	63
District 8	584	193	132
District 9	110	38	34
District 10	121	73	17
Total	5,586	1,347	1,308

C.A.M.N.S. News Notes

EDMONTON

Nursing sisters to spend Christmas in Edmonton were: Mrs. Clifford Trueman, of Vancouver (N/S Mary Wilkin); Miss M. Savelle, of Calgary; Miss K. Lonsdale, Medicine Hat.

N/S Mary Shearer is now doing special nursing in the hospital where she took her training, in Seattle.

N/S McKay, of the General Hospital, Calgary, is now night supervisor at University Hospital, Edmonton, and is a new member of this club.

N/S Olive Watherston, of the Public Health Department, is now stationed at Peers, Alberta.

N/S Mrs. Rosser, who returned to England on account of ill health, is not yet well enough to travel home.

Mrs. Allan Rankin (N/S Florence West) has been ill for some months. Her many friends hope that she will soon be well and strong again.

Christmas messages were sent to out-of-town members.

It has been the custom of the club to send boxes to families of overseas men who were in need of help at Christmas time. This year, by private subscriptions, the club was able to send cheer to five families settled on the land in outlying districts.

Mrs. G. G. Stewart, president, and Dr. Stewart, entertained the members, husbands and friends at a bridge supper on Friday, December 16th, 1927. Everyone had a very happy time.

At the December meeting, held in Miss Munroe's suite, Royal Alexandra Hospital, it was decided the club should meet monthly during the winter. The January meeting was held at the home of Mrs. Harold Orr (N/S Margaret West).

WINNIPEG

The Overseas Nurses' Club held their annual Armistice Tea at the Marlborough Hotel on the afternoon of November 11th. The tea room was prettily decorated for the occasion. Mrs. Parker and Mrs. Morrison poured for the first hour and were relieved by Mrs. A. D. McLeod and Mrs. Thorbun. Those assisting in serving were: Mrs. Cooper, Mrs. Collin, Mrs. Sanderson and Mrs. Cowan. Miss G. Billyard, who has been in California for some years, arrived in the city on the morning of the 11th, and attended the tea. Her many friends in the club were pleased to welcome her home. During the afternoon Mr. R. Bowler, soldier's advisor of the Provincial Command Canadian Legion, B.E.S.L., addressed the club on tthe Aims and Objects of the Legion and the necessity of all returned people becoming members. There were about forty ex-nursing sisters present and a most enjoyable afternoon was spent. Mr. Tomlinson, the blind pianist, provided music for the occasion. (Note: Received too late for January issue.)

Miss Eve Morkill, of Chicago, spent the holiday season in Winnipeg, the guest of her father.

Mrs. N. McCreery, who has been in New York for a year, is spending a few days in Winnipeg, visiting relatives and friends.

Miss M. Meehan, who has been on the Provincial Health Staff for some time, is spending three months in California.

Miss M. McCrae has resigned her position with the Bureau of Child Hygiene, and has gone to California, where she will reside in future.

The many friends of Mrs. (Dr.) Bond, a veteran of the South African War, and an honorary member of the club, will be pleased to learn that she is able to be about again after her recent illness.

Miss E. Hudson, president of the club and a member of the Manitoba Red Cross Society, spent the holiday with friends in the east.

Miss G. Billyard, who recently returned from California, expects to reside in Winnipeg permanently, and is at present doing special nursing.

Miss Olive Garland, matron of Deer Lodge Hospital, entertained at bridge in honour of Miss E. Morkill and Mrs. N. McCreery while they were visiting in the city.

Miss E. M. Best (W.G.H.), of the American Hospital Staff, Mexico City, spent Christmas with Miss Alice Chafe (St. Boniface Hospital) in Pachuca, Mexico.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

AUDEN — On December 30th, 1927, at Dayton, Ohio, U.S.A., to Mr. and Mrs. Humphrey Auden (Doreen Wilson, Toronto General Hospital, 1919), a son (Digby Michael).

BARNES — On November 9th, 1927, at Yorkton, Sask., to Dr. and Mrs. Leslie Barnes (Mabel Walcott, Toronto Western Hospital, 1920), a son.

BIRD—On December 23rd, 1927, at Toronto, to Dr. and Mrs. A. E. Bird (Helen Mortimer, Toronto General Hospital, 1920), of Gananoque, Ontario, twin sons.

BOLE—On November 12th, 1927, at Hamilton, to Mr. and Mrs. Wilfred Bole (Nan Van Balkan, 1920), a daughter (Beverley Phyllis).

BRADT — On January 1st, 1928, at St. Catharines, to Mr. and Mrs. Leo Bradt (Gertrude McGennes, General and Marine Hospital, St. Catharines), a daughter.

BROW—On November 20th, 1927, at Montreal, to Dr. and Mrs. Brow (Helen Rogers, Royal Victoria Hospital, Montreal, 1921), a daughter.

CARPENTER—In November, 1927, to Mr. and Mrs. N. H. Carpenter (Vera Zufelt, Kingston General Hospital, 1921), a daughter.

COCKBURN—On January 3rd, 1928, at Toronto, to Mr. and Mrs. W. J. Cockburn (Claire Louise Tilt, Grace Hospital, Toronto, 1920), a daughter.

DARKER—On October 2nd, 1927, to Mr. and Mrs. W. A. Darker (Mary Ellen Beatrice Nairn, Grace Hospital, Toronto, 1920), of St. Catharines, Ont., a daughter (Elaine Marion).

FOX—On November 8th, 1927, in Toronto, to Mr. and Mrs. Fox (Fern Johnson, Wellesley Hospital, Toronto, 1925), a daughter (Shirley Jane).

GOW—On November 8th, 1927, to Mr. and Mrs. S. L. Gow (J. Macey, Winnipeg General Hospital, 1916), of Norwood, Manitoba, twin sons.

GRAHAME—On November 8th, 1927, at Starkwater, S. Dakota, to Dr. and Mrs. J. D. Grahame (Louise McLaren, Toronto Western Hospital, 1924), a son.

HAYDEN—On December 28th, 1927, at Montreal, to Mr. and Mrs. F. Hayden (Ruth Hooper, Royal Victoria Hospital, Montreal, 1923), a daughter.

HUMPHREY—On December 24th, 1927, at Toronto, to Mr. and Mrs. W. Humphrey (Gertrude M. Roberts, Grace Hospital, Toronto, 1916), a daughter (Barbara Ann).

LUMSDEN—On December 2nd, 1927, at Hamilton, Ont., to Mr. and Mrs. Hugh Lumsden (Latimer, Hamilton General Hospital, 1926), a son.

McCULLOUGH—On August 15th, 1927, in Hamilton, to Mr. and Mrs. W. J. McCullough (Milliman, Hamilton General Hospital, 1925), a son.

PRINGLE—On December 8th, 1927, at Peterborough, to Mr. and Mrs. Maurice Pringle (Margaret Bulmer, Nicholl's Hospital, Peterboro, 1922), a daughter.

STEWART—In October, 1927, at Hamilton, Ont., to Dr. and Mrs. Alvin Stewart (V. Forman, Hamilton General Hospital, 1918), a daughter.

WOODS—On October 10th, 1927, at Thorold, Ont., to Mr. and Mrs. Stanley Woods (Dorothy Hoover, General and Marine Hospital, St. Catharines), a son.

MARRIAGES

BAILEY—MOORE — On December 24th, 1927, in Toronto, Jennie Marie Moore (Brockville General Hospital, 1923) to R. A. Bailey, of Toronto. At home—North Bay.

BOX—BRADEN—On September 3rd, 1927, Beatrice Olive Braden (Toronto Western Hospital, 1922) to James Evans Box. At home—Rouyn, Quebec.

BROCK — ROWE — On December 14th, 1927, in Regina, Charlotte E. Rowe (Regina General Hospital) to Harvey Brock, of Regina.

BROWN—CLAY—On October 5th, 1927, Jessie Maud Clay, of Vancouver (Toronto Western Hospital) to Robert Brown. At home—Toronto, Ont.

GORDON—GREENWOOD—On November 3rd, 1927, at San Francisco, Minerva Sophia Greenwood (Toronto Orthopaedic Hospital, 1924) to John Gordon, formerly of Toronto, Ont.

HARPER—HAROLD—On November 11th, 1927, at Kingston, Jessie L. Harold (Kingston General Hospital, 1921) to Lawrence Harper.

HUDSON — DePENSIER — Recently, at Toronto, Marjorie DePensier (Toronto General Hospital, 1922) to Dr. Louis Hudson, of Toronto.

KLYNE — BARRINGTON — On October 25th, 1927, at Brockville, Ont., Bessie A. Barrington (Brockville General Hospital, 1925) to H. S. Klyne. At home—Smith's Falls, Ont.

LAING—URQUHART — On January 6th, 1928, at Eustatia, Beacon-on-Hudson, New York, Jean Urquhart (Winnipeg General Hospital) to Dr. William Watson Laing.

LEMON — LEITCH — On December 27th, 1927, at Aylmer, Ont., Frankie Leitch (Toronto General Hospital, 1917) to Rae Lemon.

LONEY — JOHNSON — On January 2nd, 1928, at Calgary, Alta., Eva Myrtle Johnson (Calgary General Hospital, 1918) to Thomas Loney, of Calgary. At home—1228-13th Ave. W., Calgary.

MERRITT—GIBSON—In December, 1927, at Hamilton, Ont., Gladys Gibson (Kingston General Hospital, 1924) to Norman Merritt, of Grimsby, Ont.

MURRAY — SMITH — On November 7th, 1927, at Athol, N.S., Ruth Smith (Royal Victoria Hospital, Montreal) to W. Kerr Murray, of Truro, N.S. At home — Halifax, N.S.

PATTEE — KERR — On December 28th, 1927, at Calgary, Alta., Lillian Kerr (Calgary General Hospital, 1925) to John Pattee, B.A. At home—Namptha, Idaho.

PIERCE — CORMACK — On November 29th, 1927, at Honolulu, Minnie Cormack (Winnipeg General Hospital, 1913) to John Pierce. At home—Honolulu.

PLEWIS—BISHOP—Recently, at Hamilton, Annie Bishop (Hamilton General Hospital, 1927) to Dr. W. Plews, of Brantford.

PURCELL — TROTTER — On November 5th, 1927, at Kingston, Beatrice A. Trotter (Kingston General Hospital, 1927) to Edward Purcell, of Athens, Ont.

SHERWOOD — ELDALE — On December 24th, 1927, at Calgary, Alta., Mamie Ina Eldale (Holy Cross Hospital) to J. Wilfred Sherwood, of Provost, Alta. At home—Provost, Alta.

SHREVE — GLASS — On December 28th, 1927, at Quebec, Edith S. Glass (Jeffery Hale Hospital, 1918) to Richmond S. Shreve, of Halifax, N.S.

SMITH—STOREY—On May 23rd, 1927, at Foxboro, Ont., Florence M. Storey (Kingston General Hospital, 1926) to Clifford F. Smith, of Traverse City, Mich.

THOMPSON — BROWN — Recently, Mae Brown (Jeffery Hale Hospital, 1926) to Mr. Thompson, of Farrans Point, Ont.

VON VALKENBURG—DOWN — On October 27th, 1927, at Kingston, Ont., Annie Down (Kingston General Hospital, 1924) to John Von Valkenburg.

WATERMAN—CLARKE—Recently, Marjorie Clarke (Jeffery Hale Hospital, 1926) to Mr. Waterman, of Ottawa, Ont.

WILSON—ALLEN—On December 26th, 1927, at Cabri, Sask., Jessie Allen (Regina General Hospital) to Dr. Angus Wilson, of Milestone, Sask.

DEATHS

JONES — On December 11th, 1927, at Ottawa, Nancy Jones (Regina General Hospital), daughter of Mrs. R. Jones, of Ottawa, formerly of Regina.

McCORMACK—On January 1st, 1928, at Consort, Alta., Mrs. J. P. McCormack (Agnes A. Doyle, Holy Cross Hospital, Calgary, Alta.)

TROTTER—On December 28th, 1927, at Saskatoon, A. I. Trotter (nee Mary Browne "Daisy" Brittain, Montreal General Hospital, 1912).

The Canadian Nurse has received the following article from the California State Nurses' Association, Inc., which may be of interest to some of our readers:—

The increasing arrival in California of nurses from all points, including the foreign countries, under the impression that California offers a most attractive and unlimited field for special duty nursing and for institutional work, is occasioning growing concern here for those who come seeking employment. The situation has had serious discussion in the recent meeting of the board of directors of the California State Nurses' Association and the matter of publicity has been carefully considered.

Registrars, district and state officers do not wish to appear inhospitable, but feel that it is just to would-be visitors to advise that they communicate with the State secretary or with the secretary of the district to which they desire to go and ask for particulars in regard to nursing conditions before entering a community. The local situation in San Francisco, as shown by records kept of inquiries by letter and interview, does not differ from the situation in other parts of the country where conditions of unemployment exist. Local graduates and resident nurses throughout the State are remaining on call for unusually long periods, and we believe it is taking the right steps to prevent future unhappiness when nurses are warned not to leave present fields of fairly certain employment to venture into situations of which they have not informed themselves in advance.

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Editor and Business Manager: JEAN S. WILSON, Reg.N.

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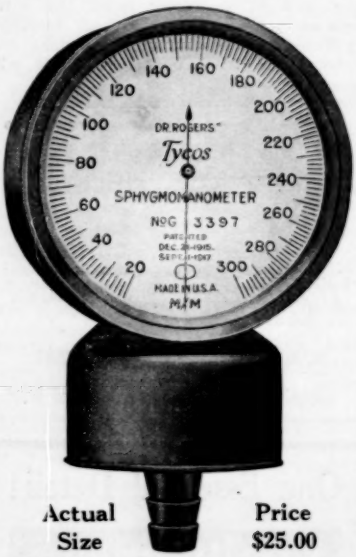

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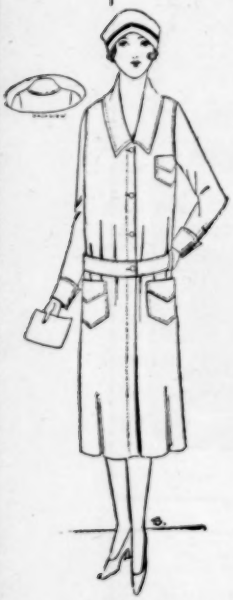

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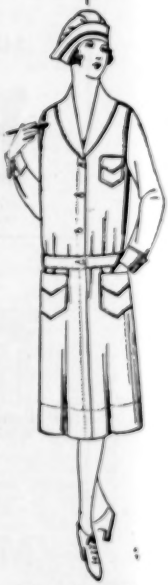

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